

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

Not Filer
NOV 18 AM 11:22

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

(a) Name

Swift Boat Vets and POW's for Truth

(b) Address (number and street) check if different than previously reported

P.O. Box 26184

(c) City, State and ZIP Code

Alexandria, VA 22313

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement New or Amended

4. Covering Period

10/22/04 through 10/26/04

5. (a) Date of Public Distribution(s) 10/27/2004

(b) Communication Title

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.16? 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

Weymouth D. Symmes

(b) Address (number and street)

P.O. Box 26184

(c) City, State and ZIP Code

Alexandria, VA 22313

(d) Name of Employer or Principal Place of Business

Retired

(e) Occupation

Retired

9. Total Donations This Statement 400,325.00

10. Total Disbursements/Obligations This Statement 242,071.30

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 Weymouth D. Symmes

SIGNATURE *Weymouth D. Symmes*

DATE 11/17/2004

NOTE: Submission of this form constitutes an affirmation under penalty of perjury that the person completing this statement is the person or a person authorized to act on their behalf.

Vertical text on the left margin, possibly a reference or tracking number.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 138

11. Person(s) Sharing/Exercising Control

A.	(a) Name Rear Admiral Roy Huffman, USN (Ret.)	(e) Occupation Retired
	(b) Address (number and street) P.O. Box 26184	
	(c) City, State and ZIP Code Alexandria, VA 22313	
	(d) Name of Employer or Principal Place of Business Retired	
B.	(a) Name John O'Neill	(e) Occupation Attorney
	(b) Address (number and street) P.O. Box 26184	
	(c) City, State and ZIP Code Alexandria, VA 22313	
	(d) Name of Employer or Principal Place of Business Clements O'Neill Pierce	
C.	(a) Name Alvin A. Horne	(e) Occupation Attorney
	(b) Address (number and street) P.O. Box 26184	
	(c) City, State and ZIP Code Alexandria, VA 22313	
	(d) Name of Employer or Principal Place of Business Self Employed	
D.	(a) Name Weymouth D. Symmes	(e) Occupation Retired
	(b) Address (number and street) P.O. Box 26184	
	(c) City, State and ZIP Code Alexandria, VA 22313	
	(d) Name of Employer or Principal Place of Business Retired	
E.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Kent Adams</p> <p>Mailing Address of Donor P.O. Box 12523</p> <p>City State Zip Beaumont TX 77726</p>	<p>Date of Receipt 1 0 2 9 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Richard Aldrich</p> <p>Mailing Address of Donor 75 Cambridge Parkway Unit W-409</p> <p>City State Zip Cambridge, MA 02142</p>	<p>Date of Receipt 1 0 2 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Richard Aldrich</p> <p>Mailing Address of Donor 75 Cambridge Parkway Unit W-409</p> <p>City State Zip Cambridge, MA 02142</p>	<p>Date of Receipt 0 9 0 7 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor Jerry Ailamon</p> <p>Mailing Address of Donor 18935 Freeport</p> <p>City State Zip Montgomery TX 77356</p>	<p>Date of Receipt 1 0 2 2 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor Jerry Ailamon</p> <p>Mailing Address of Donor 18935 Freeport Drive</p> <p>City State Zip Montgomery TX 77356</p>	<p>Date of Receipt 1 0 1 8 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 2 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>3 2 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Don Allen

Mailing Address of Donor
4406 Oxford Way

City **State** **Zip**
Norman OK 73072

Date of Receipt
M O D Y
1 0 2 5 2 0 0 4

Amount
2 5 0 0 0 0

B. Full Name of Donor
Walter Allen

Mailing Address of Donor
43 West Broad Oaks Drive

City **State** **Zip**
Houston TX 77056

Date of Receipt
M O D Y
1 0 2 3 2 0 0 4

Amount
1 0 0 0 0 0

C. Full Name of Donor
THOMAS ALLISON

Mailing Address of Donor
PO BOX 10220

City **State** **Zip**
ST PETERSBURG FL 33733

Date of Receipt
M O D Y
1 0 2 4 2 0 0 4

Amount
5 0 0 0 0 0

D. Full Name of Donor
THOMAS ALLISON

Mailing Address of Donor
PO BOX 10220

City **State** **Zip**
ST PETERSBURG FL 33733

Date of Receipt
M O D Y
1 0 2 6 2 0 0 4

Amount
1 0 0 0 0 0

E. Full Name of Donor
Josh Ammons

Mailing Address of Donor
1117 Chriswood Drive

City **State** **Zip**
Abitene TX 79601

Date of Receipt
M O D Y
1 0 2 2 2 0 0 4

Amount
5 0 0 0 0 0

SUBTOTAL of Donations This Page (optional) ▶

5 5 0 0 0 0

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

8 7 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Josh Ammons</p> <p>Mailing Address of Donor 1117 Chriswood Drive</p> <p>City State Zip Abilene TX 79601</p>	<p>Date of Receipt M O D Y Y Y 0 8 3 0 2 0 0 4</p> <p>Amount 5 0 0 . 0 0</p>
<p>B. Full Name of Donor Doreen Andriacchi</p> <p>Mailing Address of Donor 12167 Altamont Ct</p> <p>City State Zip Los Altos Hills CA 94022</p>	<p>Date of Receipt M O D Y Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 5 0 0 . 0 0</p>
<p>C. Full Name of Donor Doreen Andriacchi</p> <p>Mailing Address of Donor 12167 Altamont Ct</p> <p>City State Zip Los Altos Hills CA 94022</p>	<p>Date of Receipt M O D Y Y Y 1 0 1 2 2 0 0 4</p> <p>Amount 5 0 0 . 0 0</p>
<p>D. Full Name of Donor John Antonelli</p> <p>Mailing Address of Donor PO Box 395</p> <p>City State Zip Bluemont VA 20135</p>	<p>Date of Receipt M O D Y Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>E. Full Name of Donor Clinton Ashford</p> <p>Mailing Address of Donor 1750 South Lumpkin Street</p> <p>City State Zip Athens GA 30606</p>	<p>Date of Receipt M O D Y Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 2 5 0 . 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 2 7 5 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 1 1 5 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Clinton Ashford</p> <p>Mailing Address of Donor 1750 South Lumpkin Street</p> <p>City State Zip Athens GA 30606</p>	<p>Date of Receipt M Y : D S : T V Y T 0 9 : 2 2 : 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Clinton Ashford</p> <p>Mailing Address of Donor 1750 South Lumpkin Street</p> <p>City State Zip Athens GA 30606</p>	<p>Date of Receipt M Y : D S : T V Y T 1 0 : 1 1 : 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Paul Barber</p> <p>Mailing Address of Donor PO Box 631936</p> <p>City State Zip Nacogdoches TX 75963</p>	<p>Date of Receipt M Y : D S : T V Y T 1 0 : 2 5 : 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor barney barron</p> <p>Mailing Address of Donor 35246 us hwy 19 n. , pmb 122</p> <p>City State Zip palm harbor FL 34884</p>	<p>Date of Receipt M Y : D S : T V Y T 1 0 : 2 9 : 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor barney barron</p> <p>Mailing Address of Donor 35246 u s hwy 19 north pmb 122</p> <p>City State Zip palm harbor FL 34684</p>	<p>Date of Receipt M Y : D S : T V Y T 1 0 : 1 9 : 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>3 0 0 0 0 0</p> <p>1 4 5 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

11/01/2008 10:00 AM

<p>A. Full Name of Donor GEORGE BEARD</p> <hr/> <p>Mailing Address of Donor 8005 KENDRICK CROSSING LANE</p> <hr/> <p>City State Zip LOUISVILLE KY 40291</p>	<p>Date of Receipt 2008-11-20-04</p> <hr/> <p>Amount 10000</p>
<p>B. Full Name of Donor GEORGE BEARD</p> <hr/> <p>Mailing Address of Donor 8005 KENDRICK CROSSING LANE</p> <hr/> <p>City State Zip LOUISVILLE KY 40291</p>	<p>Date of Receipt 2008-11-20-04</p> <hr/> <p>Amount 10000</p>
<p>C. Full Name of Donor GEORGE BEARD</p> <hr/> <p>Mailing Address of Donor 8005 KENDRICK CROSSING LANE</p> <hr/> <p>City State Zip LOUISVILLE KY 40291</p>	<p>Date of Receipt 2008-11-20-04</p> <hr/> <p>Amount 25000</p>
<p>D. Full Name of Donor GEORGE BEARD</p> <hr/> <p>Mailing Address of Donor 8005 KENDRICK CROSSING LANE</p> <hr/> <p>City State Zip LOUISVILLE KY 40291</p>	<p>Date of Receipt 2008-11-20-04</p> <hr/> <p>Amount 25000</p>
<p>E. Full Name of Donor GEORGE S BEARD</p> <hr/> <p>Mailing Address of Donor 8005 KENDRICK CROSSING LANE</p> <hr/> <p>City State Zip LOUISVILLE KY 40291</p>	<p>Date of Receipt 2008-11-20-04</p> <hr/> <p>Amount 10000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>80000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1530000</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
GEORGE S. BEARD

Mailing Address of Donor
8005 KENDRICK CROSSING LANE

City State Zip
LOUISVILLE KY 40291

Date of Receipt
M M : D D : Y Y Y Y
0 8 : 2 8 : 2 0 0 4

Amount
1 0 0 . 0 0

B. Full Name of Donor
GEORGE S. BEARD

Mailing Address of Donor
8005 KENDRICK CROSSING LANE

City State Zip
LOUISVILLE KY 40291

Date of Receipt
M M : D D : Y Y Y Y
0 8 : 0 4 : 2 0 0 4

Amount
1 0 0 . 0 0

C. Full Name of Donor
William Becker

Mailing Address of Donor
903 Millard Court

City State Zip
Daytona Beach FL 32117

Date of Receipt
M M : D D : Y Y Y Y
1 0 : 2 2 : 2 0 0 4

Amount
1 0 0 . 0 0

D. Full Name of Donor
William Becker

Mailing Address of Donor
903 Millard Court

City State Zip
Daytona Beach FL 32117

Date of Receipt
M M : D D : Y Y Y Y
1 0 : 2 8 : 2 0 0 4

Amount
2 5 0 . 0 0

E. Full Name of Donor
elizabeth pr BECKMAN

Mailing Address of Donor
435 CEDAR AVE SO

City State Zip
RENTON WA 98055

Date of Receipt
M M : D D : Y Y Y Y
1 0 : 2 9 : 2 0 0 4

Amount
5 0 0 . 0 0

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (last page this line number only)

(carry total from last page to Line 9)

1 0 5 0 0 0

1 6 3 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor dana benson			Date of Receipt 10 26 2004	
Mailing Address of Donor 150 south rodeo drive			Amount 2 500 00	
City bh	State CA	Zip 90212		

B. Full Name of Donor dana benson			Date of Receipt 08 09 2004	
Mailing Address of Donor 150 south rodeo dr			Amount 5 000 00	
City bh	State CA	Zip 90212		

C. Full Name of Donor dana benson			Date of Receipt 10 18 2004	
Mailing Address of Donor 150 south rodeo dr			Amount 2 500 00	
City bh	State CA	Zip 90212		

D. Full Name of Donor Daniel Benson			Date of Receipt 10 25 2004	
Mailing Address of Donor 188 East 76th Street			Amount 1 000 00	
City New York	State NY	Zip 10021		

E. Full Name of Donor Daniel Benson			Date of Receipt 08 27 2004	
Mailing Address of Donor 188 East 76th Street			Amount 5 000 00	
City New York	State NY	Zip 10021		

SUBTOTAL of Donations This Page (optional)	2 500 00
TOTAL This Period (see page this line number only) (carry total from last page to Line 9)	1 885 00

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
stephen bickel

Mailing Address of Donor
55 saddlebrook

City **State** **Zip**
houston TX 77024

Date of Receipt
1 0 2 2 2 0 0 4

Amount
5 0 0 0 0

B. Full Name of Donor
stephen bickel

Mailing Address of Donor
55 saddlebrook

City **State** **Zip**
houston TX 77024

Date of Receipt
1 0 1 1 2 0 0 4

Amount
5 0 0 0 0

C. Full Name of Donor
George C. Biting

Mailing Address of Donor
120 Sachuest Way

City **State** **Zip**
Middletown RI 02842

Date of Receipt
1 0 2 4 2 0 0 4

Amount
1 0 0 0 0

D. Full Name of Donor
Norman Blake

Mailing Address of Donor
11179 Estancia Way

City **State** **Zip**
Carmel IN 46032

Date of Receipt
1 0 2 2 2 0 0 4

Amount
1 0 0 0 0

E. Full Name of Donor
john boniface

Mailing Address of Donor
2601 fall hill ave

City **State** **Zip**
fredericksburg VA 22401

Date of Receipt
1 0 2 5 2 0 0 4

Amount
2 5 0 0 0

SUBTOTAL of Donations (this Page (optional)	1 4 5 0 0 0
TOTAL This Period (last page this line number only)	2 0 3 0 0 0 0
(carry total from last page to Line 9)	

2004-03-23 10:43:00 AM

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor john boniface</p> <p>Mailing Address of Donor 2601 fall hill ave</p> <p>City State Zip fredericksburg VA 22401</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 250.00</p>
<p>B. Full Name of Donor john boniface</p> <p>Mailing Address of Donor 2601 fall hill ave</p> <p>City State Zip fredericksburg VA 22401</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 100.00</p>
<p>C. Full Name of Donor john boniface</p> <p>Mailing Address of Donor 2601 fall hill ave</p> <p>City State Zip fredericksburg VA 22401</p>	<p>Date of Receipt 10 02 2004</p> <p>Amount 250.00</p>
<p>D. Full Name of Donor john boniface</p> <p>Mailing Address of Donor 2601 fall hill ave</p> <p>City State Zip fredericksburg VA 22401</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 250.00</p>
<p>E. Full Name of Donor William Borders</p> <p>Mailing Address of Donor 235 Sotir St NW</p> <p>City State Zip Fort Walton Beach FL 32548</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 1,350.00</p>	
<p>TOTAL This Period (last page this line number only) ▶ 2,165.00 (carry total from last page to Line 5)</p>	

SCHEDULE 9-A
Donation(s) Received

FORM 990 (REV. 11-20-03)

A. Full Name of Donor Simon Bourne			Date of Receipt M M Y Y K K 1 0 2 5 2 0 0 4	
Mailing Address of Donor 2351 Comanche Ct			Amount 2 5 0 0 0	
City Norco	State CA	Zip 92860		
B. Full Name of Donor Simon Bourne			Date of Receipt M M Y Y K K 0 8 2 5 2 0 0 4	
Mailing Address of Donor 2351 Comanche Ct			Amount 2 5 0 0 0	
City Norco	State CA	Zip 92860		
C. Full Name of Donor Simon Bourne			Date of Receipt M M Y Y K K 1 0 1 0 2 0 0 4	
Mailing Address of Donor 2351 Comanche Ct			Amount 5 0 0 0 0	
City Norco	State CA	Zip 92860		
D. Full Name of Donor Josh Bradbury			Date of Receipt M M Y Y K K 1 0 2 5 2 0 0 4	
Mailing Address of Donor 26 Shoreline Dr.			Amount 5 0 0 0 0	
City Newport Coast	State CA	Zip 92657		
E. Full Name of Donor Josh Bradbury			Date of Receipt M M Y Y K K 0 5 0 5 2 0 0 4	
Mailing Address of Donor 26 Shoreline Dr.			Amount 2 5 0 0 0	
City Newport Coast	State CA	Zip 92657		
SUBTOTAL of Donations This Page (optional)			1 7 5 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			2 3 4 0 0 0 0	

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Josh Bradbury</p> <p>Mailing Address of Donor 26 Shoreline Dr.</p> <p>City State Zip Newport Coast CA 92657</p>	<p>Date of Receipt 0 9 . 0 1 . 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Sam C. Bradshaw</p> <p>Mailing Address of Donor 5944 Luther Lane, Suite 601</p> <p>City State Zip Dallast TX 75225</p>	<p>Date of Receipt 1 0 . 0 2 . 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor FRANK BRETTSCHEIDER</p> <p>Mailing Address of Donor 8454 LAKESHORE</p> <p>City State Zip LAKEPORT MI 48059</p>	<p>Date of Receipt 1 0 . 0 2 . 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Frank Brettschneider</p> <p>Mailing Address of Donor 8454 Lakeshore Road</p> <p>City State Zip Burtchville MI 48059</p>	<p>Date of Receipt 0 8 . 0 2 . 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor John Brinkerhoff</p> <p>Mailing Address of Donor 5411 Point Longstreet Way</p> <p>City State Zip Burke VA 22015</p>	<p>Date of Receipt 1 0 . 0 2 . 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 5 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>2 5 9 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor John Brinson			Date of Receipt M M Y Y 1 0 2 2 2 0 0 4	
Mailing Address of Donor 1645 Kecks Road			Amount 2 5 0 0 0	
City Breinigsville	State PA	Zip 18031		
B. Full Name of Donor John Brinson			Date of Receipt M M Y Y 1 0 2 2 2 0 0 4	
Mailing Address of Donor 1645 Kecks Road			Amount 2 5 0 0 0	
City Breinigsville	State PA	Zip 18031		
C. Full Name of Donor John Brinson			Date of Receipt M M Y Y 0 9 0 7 2 0 0 4	
Mailing Address of Donor 1645 Kecks Road			Amount 5 0 0 0 0	
City Breinigsville	State PA	Zip 18031		
D. Full Name of Donor Andrew Brooks			Date of Receipt M M Y Y 1 0 2 2 2 0 0 4	
Mailing Address of Donor 14159 Beresford Rd			Amount 1 0 0 0 0 0	
City Beverly Hills	State CA	Zip 90210		
E. Full Name of Donor r. s. brooks			Date of Receipt M M Y Y 1 0 2 5 2 0 0 4	
Mailing Address of Donor 5740 s.w. 130th terrace			Amount 1 0 0 0 0 0	
City miami	State FL	Zip 33156		
SUBTOTAL of Donations This Page (optional)			3 0 0 0 0 0	
TOTAL This Period (last page lists line number only) (carry total from last page by Line 9)			2 8 9 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor GEORGE BROWN</p> <p>Mailing Address of Donor 510 WHITHORN COURT</p> <p>City State Zip TIMONIUM MD 21093</p>	<p>Date of Receipt 0 9 / 2 5 / 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor George Brown</p> <p>Mailing Address of Donor 510 Whithorn Ct</p> <p>City State Zip Timonium MD 21093</p>	<p>Date of Receipt 0 9 / 2 2 / 2 0 0 4</p> <p>Amount 9 7 5 0 0</p>
<p>C. Full Name of Donor Greg Brown</p> <p>Mailing Address of Donor 11921 Grandview</p> <p>City State Zip Columbus IN 47201</p>	<p>Date of Receipt 0 9 / 2 2 / 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor David Brownlee</p> <p>Mailing Address of Donor 12605 El Carnino Real #B</p> <p>City State Zip San Diego CA 92130</p>	<p>Date of Receipt 0 9 / 2 4 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor robert burton</p> <p>Mailing Address of Donor 345 east 93rd street 18-G</p> <p>City State Zip new york NY 10128</p>	<p>Date of Receipt 0 9 / 2 4 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 3 9 7 5 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 3 2 5 7 5 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor robert burton			Date of Receipt 08 : 31 : 2004	
Mailing Address of Donor 345 east 93rd street			Amount 500.00	
City	State	Zip		
new york	NY	10128		
B. Full Name of Donor Paul Butterfield			Date of Receipt 10 : 25 : 2004	
Mailing Address of Donor 13798 Lakeside Drive			Amount 1000.00	
City	State	Zip		
Clarksville	MD	21029		
C. Full Name of Donor Jackie Byerly			Date of Receipt 10 : 23 : 2004	
Mailing Address of Donor 4966 Lapis Lane			Amount 250.00	
City	State	Zip		
Pleasanton	CA	94566		
D. Full Name of Donor Robert Byers			Date of Receipt 10 : 25 : 2004	
Mailing Address of Donor 276 Bristol Rd			Amount 2500.00	
City	State	Zip		
Chalfont	PA	18914		
E. Full Name of Donor Phillip Galiff			Date of Receipt 10 : 25 : 2004	
Mailing Address of Donor 9707 Middleton Ridge Rd			Amount 500.00	
City	State	Zip		
Vienna	VA	22182		
SUBTOTAL of Donations This Page (optional)			4750.00	
TOTAL This Period (last page this line number only) (carry total from last page to line 9)			37825.00	

SCHEDULE 9-A
Donation(s) Received

2004-03-23 11:07 AM

<p>A. Full Name of Donor PHILLIP CALLIF</p> <p>Mailing Address of Donor 9707 MIDDLETON RIDGE RD</p> <p>City State Zip VIENNA VA 22182</p>	<p>Date of Receipt M M Y Y 0 8 2 4 2 0 0 4</p> <p>Amount \$ 5 0 0 0 0</p>
<p>B. Full Name of Donor David Carter</p> <p>Mailing Address of Donor 3535 W Tropicana Ave</p> <p>City State Zip Las Vegas NV 89103</p>	<p>Date of Receipt M M Y Y 1 0 2 5 2 0 0 4</p> <p>Amount \$ 5 0 0 0 0</p>
<p>C. Full Name of Donor David Carter</p> <p>Mailing Address of Donor 3535 W Tropicana Avenue</p> <p>City State Zip Las Vegas NV 89103</p>	<p>Date of Receipt M M Y Y 0 8 2 5 2 0 0 4</p> <p>Amount \$ 5 0 0 0 0</p>
<p>D. Full Name of Donor Giuseppe Cecchi</p> <p>Mailing Address of Donor 1209 Aldebaran Dr</p> <p>City State Zip McLean VA 22101</p>	<p>Date of Receipt M M Y Y 1 0 2 5 2 0 0 4</p> <p>Amount \$ 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Rodney Chadwick</p> <p>Mailing Address of Donor 109 Golf View Drive</p> <p>City State Zip Cohutta GA 30710</p>	<p>Date of Receipt M M Y Y 1 0 2 5 2 0 0 4</p> <p>Amount \$ 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>\$ 3 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to L318 2)</p>	<p>\$ 4 0 8 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor betty christopherson</p> <p>Mailing Address of Donor 4305 bigelow blvd</p> <p>City State Zip pittsburgh PA 15213</p>	<p>Date of Receipt 1 0 2 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Ashley Classen</p> <p>Mailing Address of Donor PO Box 9290</p> <p>City State Zip Fort Worth TX 76147</p>	<p>Date of Receipt 1 0 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>C. Full Name of Donor Douglas R. Clayton</p> <p>Mailing Address of Donor 82 Wrightstown Rd</p> <p>City State Zip Cookstown NJ 08511</p>	<p>Date of Receipt 1 0 2 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor david clement</p> <p>Mailing Address of Donor 7 charles street #3</p> <p>City State Zip new york NY 10014</p>	<p>Date of Receipt 1 0 2 3 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>E. Full Name of Donor david clement</p> <p>Mailing Address of Donor 7 charles st. #3</p> <p>City State Zip new york NY 10014</p>	<p>Date of Receipt 1 0 2 5 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>3 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line at least only) ▶ (carry total from last page to Line 9)</p>	<p>4 3 6 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor david clement</p> <p>Mailing Address of Donor 7 charles st. #3</p> <p>City State Zip new york NY 10014</p>	<p>Date of Receipt 1 0 2 6 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Robert Cleveland</p> <p>Mailing Address of Donor PO Box 681400</p> <p>City State Zip Kansas City MO 64168</p>	<p>Date of Receipt 1 0 2 3 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>C. Full Name of Donor Nancy Cloud</p> <p>Mailing Address of Donor 21 Albert Meadow</p> <p>City State Zip Bar Harbor ME 04609</p>	<p>Date of Receipt 1 0 2 3 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Nancy Cloud</p> <p>Mailing Address of Donor 21 Albert Meadow</p> <p>City State Zip Bar Harbor ME 04609</p>	<p>Date of Receipt 0 8 2 2 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>E. Full Name of Donor Nancy Cloud</p> <p>Mailing Address of Donor 21 Albert Meadow</p> <p>City State Zip Bar Harbor ME 04609</p>	<p>Date of Receipt 1 0 1 9 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 7 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line B)</p>	<p>4 7 3 7 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Howard Cohen</p> <p>Mailing Address of Donor 10405 Sandringham Court</p> <p>City State Zip Potomac MD 20854</p>	<p>Date of Receipt M O Y T Y T 1 0 2 2 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt M O Y T Y T 1 0 2 2 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>C. Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt M O Y T Y T 1 0 2 8 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt M O Y T Y T 0 9 1 6 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>E. Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt M O Y T Y T 0 9 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>1 3 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 5)</p>	<p>4 8 6 7 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

2024-03-23 10:03:23 AM

<p>A. Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 2 500 00</p>
<p>E. Full Name of Donor Garry Cole</p> <p>Mailing Address of Donor 8588 Alta Canyon Drive</p> <p>City State Zip Sandy UT 84093</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 5 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>5 700 00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>5 437 500</p>

SCHEDULE 9-A
Donation(s) Received

2017-03-22 09:04:00 AM

A. Full Name of Donor lewis cook jr			Date of Receipt M M D D Y Y Y Y 1 0 2 5 2 0 0 4	
Mailing Address of Donor 3 harbor drive ste 303			Amount 2 5 0 0 0	
City sausalito	State CA	Zip 94965		
B. Full Name of Donor lewis cook jr			Date of Receipt M M D D Y Y Y Y 0 8 2 8 2 0 0 4	
Mailing Address of Donor 3 harbor drive, siute 303			Amount 1 0 0 0 0	
City sausalito	State CA	Zip 94965		
C. Full Name of Donor lewis cook jr			Date of Receipt M M D D Y Y Y Y 0 9 0 6 2 0 0 4	
Mailing Address of Donor 3 harbor drive, suite 303			Amount 1 0 0 0 0	
City sausalito	State CA	Zip 94965		
D. Full Name of Donor lewis cook jr			Date of Receipt M M D D Y Y Y Y 0 8 1 8 2 0 0 4	
Mailing Address of Donor 3 harbor drive ste 303			Amount 1 0 0 0 0	
City sausalito	State CA	Zip 94965		
E. Full Name of Donor lewis cook jr			Date of Receipt M M D D Y Y Y Y 0 9 2 0 2 0 0 4	
Mailing Address of Donor 3 harbor drive, ste 303			Amount 2 5 0 0 0	
City sausalito	State CA	Zip 94965		

SUBTOTAL of Donations This Page (optional)	8 0 0 0 0
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	5 5 1 7 5 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor lewis cook jr	Date of Receipt 10 / 14 / 2004
Mailing Address of Donor 3 harbor drive ste 303	Amount 250.00
City State Zip sausalito CA 94965	

B. Full Name of Donor Jennifer Coombs	Date of Receipt 10 / 24 / 2004
Mailing Address of Donor 9982 Troon Ct	Amount 1000.00
City State Zip Windsor CA 95492	

C. Full Name of Donor Jennifer Coombs	Date of Receipt 06 / 22 / 2004
Mailing Address of Donor 9982 Troon Ct	Amount 250.00
City State Zip Windsor CA 95492	

D. Full Name of Donor NOEL COON	Date of Receipt 10 / 22 / 2004
Mailing Address of Donor 4300 Melianani Place	Amount 2500.00
City State Zip Wailea HI 96753	

E. Full Name of Donor Joe Crail	Date of Receipt 10 / 25 / 2004
Mailing Address of Donor 1020 Las Lomas Ave.	Amount 250.00
City State Zip PACIFIC PALISADES CA 90272	

SUBTOTAL of Donations This Page (optional)	4250.00
TOTAL This Period (last page this line number only) (carry over from last page to line 9)	59425.00

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Gunder Creager
 Mailing Address of Donor
1040 Loma Avenue
 City State Zip
Coronado CA 92118

Date of Receipt
 M M Y Y
 1 0 2 3 2 0 0 4
 Amount
 5 0 0 0 0

B. Full Name of Donor
Gunder Creager
 Mailing Address of Donor
1040 Loma Avenue
 City State Zip
Coronado CA 92118

Date of Receipt
 M M Y Y
 0 8 0 0 2 0 0 4
 Amount
 1 0 0 0 0

C. Full Name of Donor
Gunder Creager
 Mailing Address of Donor
1040 Loma Avenue
 City State Zip
Coronado CA 92118

Date of Receipt
 M M Y Y
 0 8 3 1 2 0 0 4
 Amount
 5 0 0 0 0

D. Full Name of Donor
Tom Crook
 Mailing Address of Donor
2203 Riverview Drive
 City State Zip
Murfreesboro TN 37129

Date of Receipt
 M M Y Y
 1 0 2 2 2 0 0 4
 Amount
 1 0 0 0 0 0

E. Full Name of Donor
Paul Crow
 Mailing Address of Donor
2731 Timberleaf Dr
 City State Zip
Carrollton TX 75006

Date of Receipt
 M M Y Y
 1 0 2 3 2 0 0 4
 Amount
 5 0 0 0 0

SUBTOTAL of Donations This Page (optional)

2 6 0 0 0 0

TOTAL This Period (last page this line number only)

6 2 0 2 5 0 0

SCHEDULE 9-A
Donation(s) Received

2014-10-15 10:15:00 AM

<p>A. Full Name of Donor pamela czewska</p> <p>Mailing Address of Donor 147 willow lane</p> <p>City State Zip clinton corners NY 12514</p>	<p>Date of Receipt MM DD YY 10 23 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor pamela czewska</p> <p>Mailing Address of Donor 147 willow lane</p> <p>City State Zip clinton corners NY 12514</p>	<p>Date of Receipt MM DD YY 08 18 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor pamela czewska</p> <p>Mailing Address of Donor 147 willow lane</p> <p>City State Zip clinton corners NY 12514</p>	<p>Date of Receipt MM DD YY 08 18 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor pamela czewska</p> <p>Mailing Address of Donor 147 willow lane</p> <p>City State Zip clinton corners NY 12514</p>	<p>Date of Receipt MM DD YY 08 23 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor pamela czewska</p> <p>Mailing Address of Donor 147 willow lane</p> <p>City State Zip clinton corners NY 12514</p>	<p>Date of Receipt MM DD YY 09 28 2004</p> <p>Amount 2 500 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 8 000 00</p>	
<p>TOTAL This Period (last page this (usa number only) ▶ 6 282 500 (carry total from last page to Line D)</p>	

SCHEDULE 9-A
Donation(s) Received

FORM 990-N 2008

<p>A. Full Name of Donor pamela czewska</p> <p>Mailing Address of Donor 147 willow lane</p> <p>City State Zip clinton corners NY 12514</p>	<p>Date of Receipt 10 18 2005</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Richard De Prospero</p> <p>Mailing Address of Donor 7366 Big Cypress Dr</p> <p>City State Zip Miami Lakes FL 33014</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Leslie Deane</p> <p>Mailing Address of Donor 98 Main St Suite 205</p> <p>City State Zip Tiburon CA 94920</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor Leslie S Deane</p> <p>Mailing Address of Donor 98 Main Street, Suite 205</p> <p>City State Zip Tiburon CA 94920</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor David deForrest</p> <p>Mailing Address of Donor 1870 Cleveland Road</p> <p>City State Zip Miami Beach FL 33141</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 8 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>6 5 6 7 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Romano DeMarco</p> <p>Mailing Address of Donor 420 Elmington Ave Apt 1210</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt M M Y Y 1 9 2 0 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Romano DeMarco</p> <p>Mailing Address of Donor 420 Elmington Ave Apt 1210</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt M M Y Y 0 2 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>C. Full Name of Donor Romano Demarco</p> <p>Mailing Address of Donor 420 Elmington Ave Apt 1210</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt M M Y Y 0 5 0 1 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>D. Full Name of Donor Romano DeMarco</p> <p>Mailing Address of Donor 420 Elmington Ave Apt. 1210</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt M M Y Y 0 2 0 9 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>E. Full Name of Donor Romano DeMarco</p> <p>Mailing Address of Donor 420 Elmington Ave Apt 1210</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt M M Y Y 0 9 1 6 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>8 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 8)</p>	<p>6 6 4 7 5 0 0</p>

FORM 9 (REV. 02/2002)

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Romano DeMarco</p> <p>Mailing Address of Donor 420 Elmington Ave Apt 1210</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt 10 18 2005</p> <p>Amount 10000</p>
<p>B. Full Name of Donor Romano DeMarco</p> <p>Mailing Address of Donor 420 Elmington Ave Apt 1210</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Alexandra Denman</p> <p>Mailing Address of Donor 602 N. Crescent Drive</p> <p>City State Zip Beverly Hills CA 90210</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor Stephen Dent</p> <p>Mailing Address of Donor 32 Twin Lakes Lane</p> <p>City State Zip Riverside CT 06878</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Stephen Dent</p> <p>Mailing Address of Donor 32 Twin Lakes Lane</p> <p>City State Zip Riverside CT 06878</p>	<p>Date of Receipt 10 26 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>235000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 5)</p>	<p>6882500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Steven Diehl</p> <p>Mailing Address of Donor 20311 Parkwood Court</p> <p>City State Zip Hagerstown MD 21742</p>	<p>Date of Receipt 10 28 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Steven Diehl</p> <p>Mailing Address of Donor 20311 Parkwood Court</p> <p>City State Zip Hagerstown MD 21742</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Robert D Dingeman</p> <p>Mailing Address of Donor 664 Aspen Hts. Drive</p> <p>City State Zip Fairbanks AK 99712</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 2,500.00</p>
<p>D. Full Name of Donor Greg Dodds</p> <p>Mailing Address of Donor 31 Whitcomb Drive</p> <p>City State Zip Grosse Pointe Farms MI 48236</p>	<p>Date of Receipt 10 28 2004</p> <p>Amount 5,000.00</p>
<p>E. Full Name of Donor John Donovan</p> <p>Mailing Address of Donor 5135 Trumbull Court</p> <p>City State Zip Dunwoody GA 30338</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 2,500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>7,500.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 2)</p>	<p>7,632,500</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor James Dorrian <hr/> Mailing Address of Donor 101 1st St #746 <hr/> City State Zip Los Altos CA 94022	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
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B. Full Name of Donor James Dorrian <hr/> Mailing Address of Donor 101 1st St #746 <hr/> City State Zip Los Altos CA 94022	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
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C. Full Name of Donor Michael Doty <hr/> Mailing Address of Donor 259 Kilmer Point Drive <hr/> City State Zip Urbanna VA 23175	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
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D. Full Name of Donor Mark Dreia <hr/> Mailing Address of Donor 218 Thorndike St. #205 <hr/> City State Zip Cambridge MA 02141	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 <hr/> Amount 5 0 0 0 0 0
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E. Full Name of Donor Mark Dreia <hr/> Mailing Address of Donor 218 Thorndike #205 <hr/> City State Zip Cambridge MA 02141	Date of Receipt M M / D D / Y Y Y Y 3 8 / 2 1 / 2 0 0 4 <hr/> Amount 2 5 0 0 0 0
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SUBTOTAL of Donations This Page (optional) ▶	3 7 5 0 0 0
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 6)	8 0 0 7 5 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Mark Drela

Mailing Address of Donor
218 Thorndike St. #205

City State Zip
Cambridge MA 02141

Date of Receipt
M M D D Y Y Y Y
1 0 1 1 2 0 0 4

Amount
2 5 0 0 0

B. Full Name of Donor
David Drinan

Mailing Address of Donor
38 Frew Terrace

City State Zip
Enfield CT 06062

Date of Receipt
M M D D Y Y Y Y
1 0 2 2 2 0 0 4

Amount
1 0 0 0 0

C. Full Name of Donor
Brian Duncan

Mailing Address of Donor
2332 Evergreen St.

City State Zip
Pampa TX 79065

Date of Receipt
M M D D Y Y Y Y
1 0 2 5 2 0 0 4

Amount
1 0 0 0 0

D. Full Name of Donor
William Dwyer

Mailing Address of Donor
2 Maryland Circle

City State Zip
Whitehall PA 18052

Date of Receipt
M M D D Y Y Y Y
1 0 2 5 2 0 0 4

Amount
1 0 0 0 0 0

E. Full Name of Donor
Willard Edison

Mailing Address of Donor
6043 Hatton Place

City State Zip
Ferndale WA 98248

Date of Receipt
M M D D Y Y Y Y
1 0 2 2 2 0 0 4

Amount
5 0 0 0 0

SUBTOTAL of Donations This Page (optional) ▶

1 9 5 0 0 0

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

8 2 0 2 5 0 0

2024-10-25 09:06:00 AM

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert J. Eichenberg</p> <p>Mailing Address of Donor 1 Collins Is</p> <p>City State Zip Newport Beach CA 92662</p>	<p>Date of Receipt M M Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0</p>
<p>B. Full Name of Donor terrence english</p> <p>Mailing Address of Donor 9 runyon mill rd</p> <p>City State Zip ringoes NJ 08551</p>	<p>Date of Receipt M M Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>C. Full Name of Donor Raphaël B. Enriquez</p> <p>Mailing Address of Donor 718 1/2 S. Record Ave.</p> <p>City State Zip Los Angeles CA 90023</p>	<p>Date of Receipt M M Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0</p>
<p>D. Full Name of Donor Katherine Ernst</p> <p>Mailing Address of Donor 4500 Viejo Road</p> <p>City State Zip Carmel CA 93923</p>	<p>Date of Receipt M M Y Y 1 0 2 3 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor John T. Falkowski</p> <p>Mailing Address of Donor 299 Barrys Road</p> <p>City State Zip White Haven PA 18661</p>	<p>Date of Receipt M M Y Y 1 0 2 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>1 3 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>9 5 0 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
John T. Falkowski

Mailing Address of Donor
299 Barrys Road

City State Zip
White Haven PA 18661

Date of Receipt
08 10 2004

Amount
25000

B. Full Name of Donor
John T. Falkowski

Mailing Address of Donor
299 Barrys Road

City State Zip
White Haven PA 18661

Date of Receipt
08 22 2004

Amount
25000

C. Full Name of Donor
John T. Falkowski

Mailing Address of Donor
299 Barrys Road

City State Zip
White Haven PA 18661

Date of Receipt
09 12 2004

Amount
25000

D. Full Name of Donor
Tony Fano

Mailing Address of Donor
5042 Fisher Island Drive

City State Zip
Fisher Island FL 33109

Date of Receipt
10 22 2004

Amount
1000000

E. Full Name of Donor
peter fassenas

Mailing Address of Donor
1555 n astor

City State Zip
chicago IL 60610

Date of Receipt
10 24 2004

Amount
1000000

SUBTOTAL of Donations This Page (optional) ▶

275000

TOTAL This Period (last page thru line number only) ▶
(carry total from last page to Line 9)

9777500

2004-12-21 10:10:12 AM 11/10/04

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor David Fawcett</p> <p>Mailing Address of Donor 1175 W Baseline Rd</p> <p>City State Zip Claremont CA 91711</p>	<p>Date of Receipt M O Y Y 1 0 2 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Pamala Ferron</p> <p>Mailing Address of Donor 4725 Marlborough Way</p> <p>City State Zip Carmichael CA 95808</p>	<p>Date of Receipt M O Y Y 1 0 2 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Richard Ferry</p> <p>Mailing Address of Donor 7414 E. Mercer Way</p> <p>City State Zip Mercer Island WA 98040</p>	<p>Date of Receipt M O Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor William Fickling, Jr.</p> <p>Mailing Address of Donor PO Box 1976</p> <p>City State Zip Macon GA 31202</p>	<p>Date of Receipt M O Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor JAMES L. FINEFROCK</p> <p>Mailing Address of Donor PO BOX 4208</p> <p>City State Zip DAYTON OH 45401</p>	<p>Date of Receipt M O Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>3 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1 0 1 3 7 5 0 0</p>

2004-10-23 10:30:00 AM

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Clark Frankel

Mailing Address of Donor
65 West 13 St.

City **State** **Zip**
New York NY 10011

Date of Receipt
M M . D D . Y Y Y Y
1 0 . 2 3 . 2 0 0 4

Amount
1 0 0 0 0

B. Full Name of Donor
Michael Freydkin

Mailing Address of Donor
7268 Margerum Ave

City **State** **Zip**
San Diego CA 92120

Date of Receipt
M M . D D . Y Y Y Y
1 0 . 2 3 . 2 0 0 4

Amount
2 5 0 0 0

C. Full Name of Donor
Michael Freydkin

Mailing Address of Donor
7268 Margerum Ave

City **State** **Zip**
San Diego CA 92120

Date of Receipt
M M . D D . Y Y Y Y
0 8 . 2 0 . 2 0 0 4

Amount
5 0 0 0 0

D. Full Name of Donor
Michael Freydkin

Mailing Address of Donor
7268 Margerum Ave

City **State** **Zip**
San Diego CA 92120

Date of Receipt
M M . D D . Y Y Y Y
0 9 . 0 8 . 2 0 0 4

Amount
2 5 0 0 0

E. Full Name of Donor
Thomas Froeschle

Mailing Address of Donor
43 Valley Road

City **State** **Zip**
Southborough MA 01772

Date of Receipt
M M . D D . Y Y Y Y
1 0 . 2 4 . 2 0 0 4

Amount
5 0 0 0 0

SUBTOTAL of Donations This Page (optional)

1 6 0 0 0 0

TOTAL This Period (last page this line number only)

(carry total from last page to Line 9)

1 0 2 3 7 5 0 0

12/20/04 10:43:23 AM

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Thomas Froeschle</p> <hr/> <p>Mailing Address of Donor 43 Valley Road</p> <hr/> <p>City State Zip Southborough MA 01772</p>	<p>Date of Receipt 0 2 / 2 1 / 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Thomas Froeschle</p> <hr/> <p>Mailing Address of Donor 43 Valley Road</p> <hr/> <p>City State Zip Southborough MA 01772</p>	<p>Date of Receipt 0 8 / 0 5 / 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor richard fuisz</p> <hr/> <p>Mailing Address of Donor 1127 langley lane</p> <hr/> <p>City State Zip mclean VA 22101</p>	<p>Date of Receipt 1 0 / 2 2 / 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>D. Full Name of Donor Susanne Fullerton</p> <hr/> <p>Mailing Address of Donor 2664 Promontory PI E</p> <hr/> <p>City State Zip Maplewood MN 55119</p>	<p>Date of Receipt 1 0 / 2 5 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Richard Gable</p> <hr/> <p>Mailing Address of Donor 4515 Willard Ave., Apt. 2318</p> <hr/> <p>City State Zip Chevy Chase MD 20815</p>	<p>Date of Receipt 1 0 / 2 2 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 8 5 0 0 0</p>
<p>TOTAL This Period (sum page the line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1 0 5 8 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

11-10-2010 10:50:00 AM

<p>A. Full Name of Donor Lawrence Garatoni</p> <p>Mailing Address of Donor 315 W Jefferson Blvd</p> <p>City State Zip South Bend IN 46601</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 2 3 - 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Michael Gardner</p> <p>Mailing Address of Donor 16067 State Route 12 East</p> <p>City State Zip Findlay OH 45840</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 2 3 - 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>C. Full Name of Donor Philip Gardner</p> <p>Mailing Address of Donor 831 Fox Run Road #11</p> <p>City State Zip Findlay OH 45840</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 2 3 - 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor kevin gaughan</p> <p>Mailing Address of Donor 3290 dartmouth</p> <p>City State Zip brookfield WI 53005</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 2 3 - 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>E. Full Name of Donor kevin gaughan</p> <p>Mailing Address of Donor 3290 dartmouth drive</p> <p>City State Zip brookfield WI 53005</p>	<p>Date of Receipt M M - D D - Y Y Y Y 0 9 - 0 2 - 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>

<p>SUBTOTAL of Donations (This Page optional)</p>	<p>6 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to line 9)</p>	<p>1 1 1 8 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor kevin gaughan</p> <p>Mailing Address of Donor 3290 dartmouth</p> <p>City State Zip brookfield WI 53005</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor norm gavin</p> <p>Mailing Address of Donor 173 church</p> <p>City State Zip wallingford CT 06492</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor norm gavin</p> <p>Mailing Address of Donor 173 church st.</p> <p>City State Zip wallingford CT 06492</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor norman gavin</p> <p>Mailing Address of Donor 173 church st</p> <p>City State Zip wallingford CT 06492</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 10000</p>
<p>E. Full Name of Donor norman gavin</p> <p>Mailing Address of Donor 173 church st.</p> <p>City State Zip wallingford CT 06492</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 10000</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>245000</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>11427500</p>

2008-07-24 09:10:00

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor norman w. gavin</p> <p>Mailing Address of Donor 173 church st.</p> <p>City State Zip wallingford CO 06492</p>	<p>Date of Receipt M O D Y 0 8 2 8 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>B. Full Name of Donor Susan Geisler</p> <p>Mailing Address of Donor 460 N. Wilke Rd. Apt. 204</p> <p>City State Zip Palatine IL 60074</p>	<p>Date of Receipt M O D Y 1 0 2 2 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor Susan Geisler</p> <p>Mailing Address of Donor 460 N. Wilke Rd. Apt. 204</p> <p>City State Zip Palatine IL 60074</p>	<p>Date of Receipt M O D Y 1 0 2 5 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>D. Full Name of Donor Susan Geisler</p> <p>Mailing Address of Donor 460 N. Wilke Rd. Apt. 204</p> <p>City State Zip Palatine IL 60074</p>	<p>Date of Receipt M O D Y 1 0 2 5 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>E. Full Name of Donor Susan Geisler</p> <p>Mailing Address of Donor 460 N. Wilke Rd. Apt. 204</p> <p>City State Zip Palatine IL 60074</p>	<p>Date of Receipt M O D Y 0 8 0 9 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>8 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1 1 5 0 7 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Susan Geisler

Mailing Address of Donor
460 N. Wilke Rd. Apt. 204

City **Palatine** **State** **IL** **Zip** **60074**

Date of Receipt
0 9 / 1 5 / 2 0 0 4

Amount
1 0 0 0 0

B. Full Name of Donor
Susan Geisler

Mailing Address of Donor
460 N. Wilke Rd. Apt. 204

City **Palatine** **State** **IL** **Zip** **60074**

Date of Receipt
0 9 / 2 0 / 2 0 0 4

Amount
1 0 0 0 0

C. Full Name of Donor
Susan Geisler

Mailing Address of Donor
460 N. Wilke Rd. Apt. 204

City **Palatine** **State** **IL** **Zip** **60074**

Date of Receipt
1 0 / 1 2 / 2 0 0 4

Amount
1 0 0 0 0

D. Full Name of Donor
L. E. Gibens

Mailing Address of Donor
860 DeBeau

City **Tupelo** **State** **MS** **Zip** **38804**

Date of Receipt
1 0 / 2 5 / 2 0 0 4

Amount
5 0 0 0 0

E. Full Name of Donor
Doyle Glass

Mailing Address of Donor
2008 Starmont Road

City **Louisville** **State** **KY** **Zip** **40207**

Date of Receipt
1 0 / 2 3 / 2 0 0 4

Amount
5 0 0 0 0

SUBTOTAL of Donations This Page (optional)	1 3 0 0 0 0
TOTAL This Period (last page this line number only)	1 1 6 3 7 5 0 0
(carry total from last page to Line 9)	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Doyle Glass</p> <p>Mailing Address of Donor 2008 Starmont Road</p> <p>City State Zip Louisville KY 40207</p>	<p>Date of Receipt M D Y Y Y Y 10 23 2004</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Charles Goforth</p> <p>Mailing Address of Donor 4215 oak knoll</p> <p>City State Zip Springfield MO 65809</p>	<p>Date of Receipt M D Y Y Y Y 10 25 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor J. W. Gonld, II</p> <p>Mailing Address of Donor 7430 Baker Ave</p> <p>City State Zip Southport FL 32409</p>	<p>Date of Receipt M D Y Y Y Y 10 25 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor CLAIRE GOOSEY</p> <p>Mailing Address of Donor 6545 Rutgers</p> <p>City State Zip Houston TX 77005</p>	<p>Date of Receipt M D Y Y Y Y 10 22 2004</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor John GOOSEY</p> <p>Mailing Address of Donor 6545 Rutgers</p> <p>City State Zip Houston TX 77005</p>	<p>Date of Receipt M D Y Y Y Y 10 20 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>3 7 5 0 0 0</p>
<p>TOTAL This Period (last page table line number only) ▶ (carry total from last page to Line 6)</p>	<p>1 2 0 1 2 5 0 0</p>

2004-09-03 10:02:11 AM

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John GOOSEY</p> <p>Mailing Address of Donor 6545 Rutgers</p> <p>City State Zip Houston TX 77005</p>	<p>Date of Receipt M O Y 0 9 1 4 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor paul gordon</p> <p>Mailing Address of Donor 9001 fernwood rd</p> <p>City State Zip bethesda MD 20817</p>	<p>Date of Receipt M O Y 1 0 2 5 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor James Graves</p> <p>Mailing Address of Donor 3913 Centenary</p> <p>City State Zip Dallas TX 75225</p>	<p>Date of Receipt M O Y 1 0 2 2 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Kathy Gremer</p> <p>Mailing Address of Donor 7563 Calle Granada</p> <p>City State Zip Anaheim CA 92808</p>	<p>Date of Receipt M O Y 1 0 2 2 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>E. Full Name of Donor Kathy Gremer</p> <p>Mailing Address of Donor 7563 Calle Granada</p> <p>City State Zip Anaheim CA 92808</p>	<p>Date of Receipt M O Y 0 8 2 0 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ></p>	<p>1 5 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) > (carry total from last page to Line 9)</p>	<p>1 2 1 6 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Kathy Gremer			Date of Receipt M M . D D . Y Y Y Y 0 8 . 1 3 . 2 0 0 4	
Mailing Address of Donor 7563 Calle Granada			Amount 2 5 0 0 0	
City	State	Zip		
Anaheim	CA	92808		

B. Full Name of Donor Kathy Gremer			Date of Receipt M M . D D . Y Y Y Y 1 0 . 1 8 . 2 0 0 4	
Mailing Address of Donor 7563 Calle Granada			Amount 2 5 0 0 0	
City	State	Zip		
Anaheim	CA	92808		

C. Full Name of Donor steve griffin			Date of Receipt M M . D D . Y Y Y Y 1 0 . 2 2 . 2 0 0 4	
Mailing Address of Donor 4074 e driftwood dr			Amount 5 0 0 0 0	
City	State	Zip		
Meridian	ID	83642		

D. Full Name of Donor steve griffin			Date of Receipt M M . D D . Y Y Y Y 0 8 . 1 2 . 2 0 0 4	
Mailing Address of Donor 40740 e driftwood dr			Amount 2 5 0 0 0	
City	State	Zip		
meridian	ID	83642		

E. Full Name of Donor steve griffin			Date of Receipt M M . D D . Y Y Y Y 1 0 . 0 5 . 2 0 0 4	
Mailing Address of Donor 4074 e driftwood dr			Amount 5 0 0 0 0	
City	State	Zip		
meridian	ID	83642		

SUBTOTAL of Donations This Page (optional)	1 7 5 0 0 0
TOTAL This Period (last page this line number only) (copy total from last page to line 9)	1 2 3 3 7 5 0 0

2010-01-13 15:56:12 11.0.0.0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Richard Guillot</p> <p>Mailing Address of Donor 71107 Highway 21, Ste#3</p> <p>City State Zip Covington LA 70433</p>	<p>Date of Receipt M M Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Thomas Gumprecht</p> <p>Mailing Address of Donor 7445 S.E. 71st St.</p> <p>City State Zip Mercer Island WA 98040</p>	<p>Date of Receipt M M Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt M M Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>D. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt M M Y Y 0 7 2 5 2 0 0 4</p> <p>Amount 5 0 0 0</p>
<p>E. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt M M Y Y 0 8 0 5 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1 1 5 0 0 0</p>
<p>TOTAL This Period (omit page this line number only)</p> <p>(carry total from last page to Line D)</p>	<p>1 2 4 5 2 5 0 0</p>

2008-08-08 10:00:00 AM

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
William Hamilton

Mailing Address of Donor
PO Box 2001

City **State** **Zip**
Granby CO 80446

Date of Receipt
MM DD YY
08 10 2004

Amount
1,000.00

B. Full Name of Donor
William Hamilton

Mailing Address of Donor
PO Box 2001

City **State** **Zip**
Granby CO 80446

Date of Receipt
MM DD YY
08 13 2004

Amount
1,000.00

C. Full Name of Donor
William Hamilton

Mailing Address of Donor
PO Box 2001

City **State** **Zip**
Granby CO 80446

Date of Receipt
MM DD YY
08 19 2004

Amount
500.00

D. Full Name of Donor
William Hamilton

Mailing Address of Donor
PO Box 2001

City **State** **Zip**
Granby CO 80446

Date of Receipt
MM DD YY
08 19 2004

Amount
1,000.00

E. Full Name of Donor
William Hamilton

Mailing Address of Donor
PO Box 2001

City **State** **Zip**
Granby CO 80446

Date of Receipt
MM DD YY
08 26 2004

Amount
500.00

SUBTOTAL of Donations This Page (optional)	4,000.00
TOTAL This Period (last page this line number only)	12,492.500
(carry total from last page to Line 6)	

2008 Form 990-BL Schedule B (Form 990-BL) 2008
 Instructions for Form 990-BL

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 09 05 2004</p> <p>Amount 5000</p>
<p>B. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 5000</p>
<p>C. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 09 29 2004</p> <p>Amount 10000</p>
<p>D. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 10000</p>
<p>E. Full Name of Donor Norman Hancock</p> <p>Mailing Address of Donor 2133 Red Leaf Court</p> <p>City State Zip Gambrills MD 21054</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 25000</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>55000</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>12547500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Lawrence Hansen</p> <p>Mailing Address of Donor 4593 Via Torino</p> <p>City State Zip Las Vegas NV 89103</p>	<p>Date of Receipt M M . D D . Y Y Y Y 1 0 . 2 4 . 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Lawrence Hansen</p> <p>Mailing Address of Donor 4593 Via Torino</p> <p>City State Zip Las Vegas NV 89103</p>	<p>Date of Receipt M M . D D . Y Y Y Y 1 0 . 2 3 . 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor Lawrence Hansen</p> <p>Mailing Address of Donor 4593 Via Torino</p> <p>City State Zip Las Vegas NV 89103</p>	<p>Date of Receipt M M . D D . Y Y Y Y 0 8 . 1 0 . 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>D. Full Name of Donor Lawrence Hansen</p> <p>Mailing Address of Donor 4593 Via Torino</p> <p>City State Zip Las Vegas NV 89103</p>	<p>Date of Receipt M M . D D . Y Y Y Y 1 0 . 1 . 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>E. Full Name of Donor Steve Hargis</p> <p>Mailing Address of Donor PO Box 1407</p> <p>City State Zip Hereford TX 79045</p>	<p>Date of Receipt M M . D D . Y Y Y Y 1 0 . 2 6 . 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1 2 7 4 7 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Bob Harris

Mailing Address of Donor
3506 Twp. Rd. 34

City **State** **Zip**
Bluffton OH 45917

Date of Receipt
M M Y Y
1 0 2 2 2 0 0 4

Amount
1 0 0 0 0 0

B. Full Name of Donor
Joanne Hart

Mailing Address of Donor
600 Columbus Avenue Apt 12J

City **State** **Zip**
New York NY 10024

Date of Receipt
M M Y Y
1 0 2 5 2 0 0 4

Amount
1 0 0 0 0 0

C. Full Name of Donor
Edward Hatfield

Mailing Address of Donor
4905 Burley Hills

City **State** **Zip**
Cincinnati OH 45243

Date of Receipt
M M Y Y
1 0 2 5 2 0 0 4

Amount
5 0 0 0 0 0

D. Full Name of Donor
Douglas Hauge

Mailing Address of Donor
7980 Fall Creek Rd #102

City **State** **Zip**
Dublin CA 94568

Date of Receipt
M M Y Y
1 0 2 4 2 0 0 4

Amount
2 5 0 0 0 0

E. Full Name of Donor
Douglas Hauge

Mailing Address of Donor
7980 Fall Creek Rd #102

City **State** **Zip**
Dublin CA 94568

Date of Receipt
M M Y Y
1 0 2 5 2 0 0 4

Amount
2 5 0 0 0 0

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (last page this line number only)

(carry total from last page to Line 9)

2 1 0 0 0 0

1 2 9 5 7 5 0 0

FORM 990-BL (2008)

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Douglas Hauge

Mailing Address of Donor
7980 Fall Creek Rd #102

City **State** **Zip**
Dublin CA 94568

Date of Receipt
1 4 0 8 1 2 2 0 0 4

Amount
1 0 0 0 0

B. Full Name of Donor
Douglas Hauge

Mailing Address of Donor
7980 Fall Creek Rd #102

City **State** **Zip**
Dublin CA 94568

Date of Receipt
0 8 0 8 2 1 2 0 0 4

Amount
5 0 0 0 0

C. Full Name of Donor
harold healy

Mailing Address of Donor
2992 kitchum's close

City **State** **Zip**
williamsburg VA 23185

Date of Receipt
1 0 2 2 2 0 0 4

Amount
2 5 0 0 0

D. Full Name of Donor
harold healy

Mailing Address of Donor
2992 kitchum's close

City **State** **Zip**
williamsburg VA 23185

Date of Receipt
1 0 2 5 2 0 0 4

Amount
2 5 0 0 0

E. Full Name of Donor
harold healy

Mailing Address of Donor
2992 kitchum's close

City **State** **Zip**
williamsburg VA 23185

Date of Receipt
0 8 1 2 2 0 0 4

Amount
1 0 0 0 0

SUBTOTAL of Donations This Page (optional)	1 2 0 0 0 0
TOTAL This Period (last page this line number only)	1 3 0 7 7 5 0 0
(carry total from last page to Line 9)	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor harold healy</p> <p>Mailing Address of Donor 2992 kitchum's close</p> <p>City State Zip williamsburg VA 23185</p>	<p>Date of Receipt 09 13 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor harold healy</p> <p>Mailing Address of Donor 2992 kitchum's close</p> <p>City State Zip williamsburg VA 23185</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor harold healy</p> <p>Mailing Address of Donor 2992 kitchum's close</p> <p>City State Zip williamsburg VA 23185</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor john heaney</p> <p>Mailing Address of Donor 9 lefe court</p> <p>City State Zip haines city FL 33844</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 500 00</p>
<p>E. Full Name of Donor Andrew Hendricks</p> <p>Mailing Address of Donor 4390 Fayetteville Road</p> <p>City State Zip Lumberton NC 28358</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1 700 00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1 324 75 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor dennis hennessy</p> <p>Mailing Address of Donor 9229 foster</p> <p>City State Zip overland park KS 66212</p>	<p>Date of Receipt M M Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Jim Henry</p> <p>Mailing Address of Donor 410 Woodgate Drive</p> <p>City State Zip Chapel Hill NC 27516</p>	<p>Date of Receipt M M Y Y 1 0 2 3 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Jim Henry</p> <p>Mailing Address of Donor 410 Woodgate Drive</p> <p>City State Zip Chapel Hill NC 27516</p>	<p>Date of Receipt M M Y Y 0 3 0 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Donald Herbert</p> <p>Mailing Address of Donor 555 Peters Avenue, Suite 200</p> <p>City State Zip Pleasanton CA 94566</p>	<p>Date of Receipt M M Y Y 1 0 2 3 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor Donald Herbert</p> <p>Mailing Address of Donor 555 Peters Avenue, Suite 200</p> <p>City State Zip Pleasanton CA 94566</p>	<p>Date of Receipt M M Y Y 1 0 2 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1 3 5 4 7 5 0 0</p>

2003-03-23 09:55:22 - 016582 - 21108108

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Donald Herbert</p> <p>Mailing Address of Donor 555 Peters Avenue, Suite 200</p> <p>City State Zip Pleasanton CA 94566</p>	<p>Date of Receipt 05 27 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Donald Herbert</p> <p>Mailing Address of Donor 555 Peters Avenue, Suite 200</p> <p>City State Zip Pleasanton CA 94566</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Tim Herlihy</p> <p>Mailing Address of Donor 188 Nod Road</p> <p>City State Zip Ridgefield CT 06877</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Tim Herlihy</p> <p>Mailing Address of Donor 188 Nod Road</p> <p>City State Zip Ridgefield CT 06877</p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Robert Herman</p> <p>Mailing Address of Donor 1363 Jack Pine Road</p> <p>City State Zip Healdsburg CA 95448</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>225000</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line B)</p>	<p>13772500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert Herman</p> <p>Mailing Address of Donor 1363 Jack Pine Road</p> <p>City State Zip Healdsburg CA 95448</p>	<p>Date of Receipt M O Y Y 0 8 2 4 2 0 0 4</p> <p>Amount \$ 5 0 0 0 0</p>
<p>B. Full Name of Donor Ronald Heslop</p> <p>Mailing Address of Donor 13908 Eaton Dr.</p> <p>City State Zip Plymouth MI 48170</p>	<p>Date of Receipt M O Y Y 1 0 2 6 2 0 0 4</p> <p>Amount \$ 5 0 0 0 0</p>
<p>C. Full Name of Donor Ronald Heslop</p> <p>Mailing Address of Donor 13908 Eaton Dr.</p> <p>City State Zip Plymouth MI 48170</p>	<p>Date of Receipt M O Y Y 0 8 0 9 2 0 0 4</p> <p>Amount \$ 5 0 0 0 0</p>
<p>D. Full Name of Donor Melissa Hightower</p> <p>Mailing Address of Donor PO Box 1000</p> <p>City State Zip Salida CO 81201</p>	<p>Date of Receipt M O Y Y 1 0 2 3 2 0 0 4</p> <p>Amount \$ 2 5 0 0 0</p>
<p>E. Full Name of Donor Melissa Hightower</p> <p>Mailing Address of Donor PO Box 1000</p> <p>City State Zip Salida CO 81201</p>	<p>Date of Receipt M O Y Y 1 0 2 5 2 0 0 4</p> <p>Amount \$ 2 5 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 5)</p>	<p>1 3 9 7 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Melissa Hightower</p> <p>Mailing Address of Donor PO Box 1000</p> <p>City State Zip Salida CO 81201</p>	<p>Date of Receipt M M Y Y 0 9 1 8 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Melissa Hightower</p> <p>Mailing Address of Donor PO Box 1000</p> <p>City State Zip Salida CO 81201</p>	<p>Date of Receipt M M Y Y 1 0 0 1 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor Hilberg</p> <p>Mailing Address of Donor 58 Shore Dr</p> <p>City State Zip Laconia NH 03246</p>	<p>Date of Receipt M M Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 1 5 0 0 0 0 0</p>
<p>D. Full Name of Donor Jeffrey Hill</p> <p>Mailing Address of Donor 104 Reagan Ct</p> <p>City State Zip Ventura CA 93003</p>	<p>Date of Receipt M M Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor Roy II Hinman</p> <p>Mailing Address of Donor 1099 A1A S.</p> <p>City State Zip St. Augustine FL 32080</p>	<p>Date of Receipt M M Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>1 6 5 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1 5 6 2 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Rodney Hite

Mailing Address of Donor
22358 Claibourne Lane

City State Zip
Saugus CA 91350

Date of Receipt
 M M - D D - Y Y Y Y
 1 0 - 0 2 - 2 0 0 4

Amount
 1 0 0 0 . 0 0

B. Full Name of Donor
Craig S. Hobbs

Mailing Address of Donor
P.O. Box 10902

City State Zip
Bainbridge Island WA 98110

Date of Receipt
 M M - D D - Y Y Y Y
 1 0 - 2 2 - 2 0 0 4

Amount
 1 0 0 0 . 0 0

C. Full Name of Donor
Richard B. Hobrecht

Mailing Address of Donor
3224 Timberview

City State Zip
Dallas TX 75229

Date of Receipt
 M M - D D - Y Y Y Y
 1 0 - 2 5 - 2 0 0 4

Amount
 5 0 0 0 . 0 0

D. Full Name of Donor
Richard B. Hobrecht

Mailing Address of Donor
3224 Timberview

City State Zip
Dallas TX 75229

Date of Receipt
 M M - D D - Y Y Y Y
 0 8 - 3 1 - 2 0 0 4

Amount
 5 0 0 0 . 0 0

E. Full Name of Donor
Robert Hoehn

Mailing Address of Donor
11436 High Drive

City State Zip
Leawood KS 66211

Date of Receipt
 M M - D D - Y Y Y Y
 1 0 - 2 5 - 2 0 0 4

Amount
 2 5 0 0 . 0 0

SUBTOTAL of Donations This Page (optional) ▶

5 5 0 0 . 0 0

TOTAL This Period (last page this line number only) ▶
 (carry total from last page to unit #)

1 6 1 7 2 5 . 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Paul Hohle</p> <p>Mailing Address of Donor 1002 Windmill Road</p> <p>City State Zip Dripping Springs TX 78620</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor Paul Hohle</p> <p>Mailing Address of Donor 1002 Windmill Road</p> <p>City State Zip Dripping Springs TX 78620</p>	<p>Date of Receipt 08 30 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor John Holmgreen</p> <p>Mailing Address of Donor Box 2888</p> <p>City State Zip Corpus Christi TX 78403</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor John Holmgreen</p> <p>Mailing Address of Donor Box 2888</p> <p>City State Zip Corpus Christi TX 78403</p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Irma Howard</p> <p>Mailing Address of Donor 7230 Acacia Dr.</p> <p>City State Zip Leander TX 78641</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 500.00</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2500.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>16422.50</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Irma Howard</p> <p>Mailing Address of Donor 7230 Acacia Dr</p> <p>City State Zip Leander TX 78641</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 0 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor john huarte</p> <p>Mailing Address of Donor 8829 s. priest</p> <p>City State Zip tempe AZ 85284</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 2 8 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Kathleen HUFF</p> <p>Mailing Address of Donor 19108 HARMONY CHURCH RD</p> <p>City State Zip LEESBURG VA 20175</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Kathleen Huff</p> <p>Mailing Address of Donor 19108 Harmony Church Rd</p> <p>City State Zip Leesburg VA 20175</p>	<p>Date of Receipt M M D D Y Y Y Y 0 8 2 2 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>E. Full Name of Donor Kathleen Huff</p> <p>Mailing Address of Donor 19108 HARMONY CHURCH RD</p> <p>City State Zip LEESBURG VA 20175</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 0 7 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 2 0 0 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 1 6 6 2 2 5 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Dan Hughes</p> <p>Mailing Address of Donor 3132 S. Highland Dr.</p> <p>City State Zip Las Vegas NV 89109</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 250.00</p>
<p>B. Full Name of Donor Dan Hughes</p> <p>Mailing Address of Donor 3132 S. Highland Dr.</p> <p>City State Zip Las Vegas NV 89109</p>	<p>Date of Receipt 09 08 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Dan Hughes</p> <p>Mailing Address of Donor 3132 S. Highland Dr.</p> <p>City State Zip Las Vegas NV 89109</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 250.00</p>
<p>D. Full Name of Donor Michael Hughes</p> <p>Mailing Address of Donor 1082 Governor Bridge RD</p> <p>City State Zip Davidsonville MD 21035</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Bill Hunnicutt</p> <p>Mailing Address of Donor 110 e. 59th st., 32 fl</p> <p>City State Zip new york NY 10022</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 250.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 1,750.00</p>	
<p>TOTAL This Period (last page this Tax number only) ▶ 1,679.75 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor PAUL ISAAC</p> <p>Mailing Address of Donor 75 PROSPECT AVENUE</p> <p>City State Zip LARCHMONT NY 10538</p>	<p>Date of Receipt 1 0 - 2 4 - 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>B. Full Name of Donor Ann Iverson</p> <p>Mailing Address of Donor 2902 West Lane Drive, Unit E</p> <p>City State Zip Houston TX 77027</p>	<p>Date of Receipt 1 0 - 2 2 - 2 0 0 4</p> <p>Amount 2 5 0 0 . 0 0</p>
<p>C. Full Name of Donor Susan Jackson</p> <p>Mailing Address of Donor 13331 Buckland Hall Rd</p> <p>City State Zip St. Louis MO 63131</p>	<p>Date of Receipt 1 0 - 2 5 - 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>D. Full Name of Donor Don Jacobson</p> <p>Mailing Address of Donor 115 Farm Road</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 1 0 - 2 3 - 2 0 0 4</p> <p>Amount 5 0 0 . 0 0</p>
<p>E. Full Name of Donor James Jennings</p> <p>Mailing Address of Donor 2701 Westgate Street</p> <p>City State Zip Houston TX 77098</p>	<p>Date of Receipt 1 0 - 2 3 - 2 0 0 4</p> <p>Amount 5 0 0 0 . 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 3 2 5 0 . 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 1 7 1 2 2 5 . 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
James Jennings

Mailing Address of Donor
2701 Westgate Street

City State Zip
Houston TX 77098

Date of Receipt
P P
D R
2 2 / 2 0 0 4

Amount
2 5 0 0

B. Full Name of Donor
James Jennings

Mailing Address of Donor
2701 Westgate Street

City State Zip
Houston TX 77098

Date of Receipt
Y Y
M M
1 0 / 1 0 / 2 0 0 4

Amount
5 0 0 0 0

C. Full Name of Donor
T. Jemigan

Mailing Address of Donor
2000 Morris Ave, Ste 1500

City State Zip
Birmingham AL 35203

Date of Receipt
Y Y
M M
1 0 / 2 5 / 2 0 0 4

Amount
1, 0 0 0, 0 0

D. Full Name of Donor
Ben Johnson

Mailing Address of Donor
PO Box 632

City State Zip
Mansfield LA 71052

Date of Receipt
Y Y
M M
1 0 / 2 5 / 2 0 0 4

Amount
1 0 0 0 0 0

E. Full Name of Donor
Christopher Johnson

Mailing Address of Donor
834 5th Avenue

City State Zip
New York NY 10021

Date of Receipt
Y Y
M M
1 0 / 2 2 / 2 0 0 4

Amount
2 5 0 0 0 0

SUBTOTAL of Donations This Page (optional) ▶

5 0 2 5 0 0

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

1 7 6 2 5 0 0 0

2014-09-22 09:52:22 AM

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Thomas H. Johnson

Mailing Address of Donor
P.O. Box 421549

City Atlanta **State** GA **Zip** 30342

Date of Receipt
10 22 2004

Amount
2,500.00

B. Full Name of Donor
Thomas H. Johnson

Mailing Address of Donor
P.O. Box 421549

City Atlanta **State** GA **Zip** 30342

Date of Receipt
10 19 2004

Amount
500.00

C. Full Name of Donor
JIMMY JONES

Mailing Address of Donor
4406 FLEXER DR.

City HERNANDO BEACH **State** FL **Zip** 34607

Date of Receipt
10 23 2004

Amount
1,000.00

D. Full Name of Donor
dan jorndt

Mailing Address of Donor
1038 Cayuga

City Northbrook **State** IL **Zip** 60062

Date of Receipt
10 24 2004

Amount
1,000.00

E. Full Name of Donor
David Kahn

Mailing Address of Donor
503 N. Las Palmas Ave.

City Los Angeles **State** CA **Zip** 90004

Date of Receipt
10 23 2004

Amount
500.00

SUBTOTAL of Donations This Page (optional)	4,600.00
TOTAL This Period (last page line number only)	1,808,500.00
(copy total from last page to line 9)	

SCHEDULE 9-A
Donation(s) Received

2004 Form 990-BL (REV. 11-17-03)

<p>A. Full Name of Donor David Kahn</p> <p>Mailing Address of Donor 503 N. Las Palmas Ave.</p> <p>City State Zip Los Angeles CA 90004</p>	<p>Date of Receipt 1 0 0 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Mitsuru Kaneshige</p> <p>Mailing Address of Donor PO Box 3825</p> <p>City State Zip Honolulu HI 96812</p>	<p>Date of Receipt 1 0 2 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Mark Kendrat</p> <p>Mailing Address of Donor 835 Crest Dr</p> <p>City State Zip Cary IL 60013</p>	<p>Date of Receipt 1 0 2 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Von Kimball</p> <p>Mailing Address of Donor 62 S Lake Shore Dr</p> <p>City State Zip Ransom Canyon TX 79366</p>	<p>Date of Receipt 1 0 2 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Deborah King</p> <p>Mailing Address of Donor 416 Sand Hill Circle</p> <p>City State Zip Menlo Park CA 94025</p>	<p>Date of Receipt 1 0 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>4 0 0 0 0 0</p>
<p>TOTAL This Period (last page table line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1 8 4 8 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Deborah King			Date of Receipt 0 8 / 1 7 / 2 0 0 4	
Mailing Address of Donor 416 Sand Hill Circle			Amount 5 0 0 0 0	
City Menlo Park	State CA	Zip 94025		

B. Full Name of Donor William King			Date of Receipt 1 0 / 2 5 / 2 0 0 4	
Mailing Address of Donor 6260 Cherokee Way			Amount 5 0 0 0 0	
City Suwanee	State GA	Zip 30024		

C. Full Name of Donor Herbert Klitzner			Date of Receipt 1 0 / 2 2 / 2 0 0 4	
Mailing Address of Donor 443 Dunlin Plaza			Amount 5 0 0 0 0	
City Secaucus	State NJ	Zip 07094		

D. Full Name of Donor Herbert Klitzner			Date of Receipt 0 8 / 1 2 / 2 0 0 4	
Mailing Address of Donor 443 Dunlin Plaza			Amount 5 0 0 0 0	
City Secaucus	State NJ	Zip 07094		

E. Full Name of Donor Aki Korhonen			Date of Receipt 1 0 / 2 2 / 2 0 0 4	
Mailing Address of Donor 765 Summer Star Pl			Amount 1 0 0 0 0 0	
City Reno	State NV	Zip 89511		

SUBTOTAL of Donations This Page (optional)	3 0 0 0 0 0
TOTAL This Form (last page this line number only) (carry total from last page to Line 9)	1 8 7 8 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Steve Kreitzberg

Mailing Address of Donor
6360 SW Merlin Court

City **State** **Zip**
Portland OR 97219

Date of Receipt
M O . Y . M . D
1 0 . 2 3 . 2 0 0 4

Amount
1 0 0 0 0 0

B. Full Name of Donor
Steve Kreitzberg

Mailing Address of Donor
6360 SW Merlin Court

City **State** **Zip**
Portland OR 97219

Date of Receipt
M O . Y . M . D
0 3 . 2 3 . 2 0 0 4

Amount
5 0 0 0 0 0

C. Full Name of Donor
Mark Kroll

Mailing Address of Donor
493 Sinaloa Road

City **State** **Zip**
Simi Valley CA 93065

Date of Receipt
M O . Y . M . D
1 0 . 2 5 . 2 0 0 4

Amount
5 0 0 0 0 0

D. Full Name of Donor
Joy Kuchta

Mailing Address of Donor
6 Hussars Camp Place

City **State** **Zip**
Ridgefield CT 06877

Date of Receipt
M O . Y . M . D
1 0 . 2 3 . 2 0 0 4

Amount
2 5 0 0 0 0

E. Full Name of Donor
Joy Kuchta

Mailing Address of Donor
6 Hussars Camp Place

City **State** **Zip**
Ridgefield CT 06877

Date of Receipt
M O . Y . M . D
1 0 . 2 3 . 2 0 0 4

Amount
2 5 0 0 0 0

SUBTOTAL of Donations This Page (optional) ▶

2 5 0 0 0 0

TOTAL This Field (last page this line number only) ▶
(carry total from last page to Line 9)

1 9 0 3 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Joy Kuchta</p> <p>Mailing Address of Donor 6 Hussars Camp Place</p> <p>City State Zip Ridgefield CT 06877</p>	<p>Date of Receipt M M : D D : Y Y Y Y 0 8 : 2 3 : 2 0 0 4</p> <p>Amount : 2 5 0 0 0</p>
<p>B. Full Name of Donor Joy Kuchta</p> <p>Mailing Address of Donor 6 Hussars Camp Place</p> <p>City State Zip Ridgefield CT 06877</p>	<p>Date of Receipt M M : D D : Y Y Y Y 0 8 : 0 8 : 2 0 0 4</p> <p>Amount : 2 5 0 0 0</p>
<p>C. Full Name of Donor Joy Kuchta</p> <p>Mailing Address of Donor 6 Hussars Camp Place</p> <p>City State Zip Ridgefield CT 06877</p>	<p>Date of Receipt M M : D D : Y Y Y Y 1 0 : 0 8 : 2 0 0 4</p> <p>Amount : 2 5 0 0 0</p>
<p>D. Full Name of Donor Robert Kugel</p> <p>Mailing Address of Donor 143 Woodcrest Dr.</p> <p>City State Zip Chehalis WA 98532</p>	<p>Date of Receipt M M : D D : Y Y Y Y 1 0 : 2 5 : 2 0 0 4</p> <p>Amount : 1 0 0 0 0 0</p>
<p>E. Full Name of Donor PETER LAPRADE</p> <p>Mailing Address of Donor 18233 N. 53rd Street</p> <p>City State Zip Scottsdale AZ 85254</p>	<p>Date of Receipt M M : D D : Y Y Y Y 1 0 : 2 5 : 2 0 0 4</p> <p>Amount : 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2 2 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1 9 2 5 0 0 0 0</p>

SCHEDULE B-A
Donation(s) Received

2025年03月03日 09:00:00

<p>A. Full Name of Donor Peter LAPRADE</p> <p>Mailing Address of Donor 18233 N. 53rd Street</p> <p>City State Zip Scottsdale AZ 85254</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">M O Y 0 8 1 8 2 0 0 4</p> <p style="text-align: center;">Amount</p> <p style="text-align: right;">5 0 0 0 0</p>
<p>B. Full Name of Donor John Larimer</p> <p>Mailing Address of Donor 575 Cortez Court</p> <p>City State Zip Yuba City CA 95993</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">M O Y 1 0 2 5 2 0 0 4</p> <p style="text-align: center;">Amount</p> <p style="text-align: right;">1 0 0 0 0</p>
<p>C. Full Name of Donor John Larimer</p> <p>Mailing Address of Donor 575 Cortez Court</p> <p>City State Zip Yuba City CA 95993</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">M O Y 0 8 1 8 2 0 0 4</p> <p style="text-align: center;">Amount</p> <p style="text-align: right;">1 0 0 0 0</p>
<p>D. Full Name of Donor John Larimer</p> <p>Mailing Address of Donor 575 Cortez Court</p> <p>City State Zip Yuba City CA 95993</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">M O Y 0 8 2 2 2 0 0 4</p> <p style="text-align: center;">Amount</p> <p style="text-align: right;">1 0 0 0 0</p>
<p>E. Full Name of Donor John Larimer</p> <p>Mailing Address of Donor 575 Cortez Court</p> <p>City State Zip Yuba City CA 95993</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">M O Y 0 8 0 8 2 0 0 4</p> <p style="text-align: center;">Amount</p> <p style="text-align: right;">1 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>9 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1 9 3 5 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

11/10/2004 11:54:00 AM

A. Full Name of Donor John Larimer			Date of Receipt M M D D Y Y 0 9 0 9 2 0 0 4	
Mailing Address of Donor 575 Cortez Court			Amount , 2 5 0 0 0	
City Yuba City	State CA	Zip 95993		
B. Full Name of Donor John Larimer			Date of Receipt M M D D Y Y 0 9 1 4 2 0 0 4	
Mailing Address of Donor 575 Cortez Court			Amount , 2 5 0 0 0	
City Yuba City	State CA	Zip 95993		
C. Full Name of Donor John Larimer			Date of Receipt M M D D Y Y 1 0 1 8 2 0 0 4	
Mailing Address of Donor 575 Cortez Court			Amount , 1 0 0 0 0	
City Yuba City	State CA	Zip 95993		
D. Full Name of Donor Stallworth Larson			Date of Receipt M M D D Y Y 1 0 2 2 2 0 0 4	
Mailing Address of Donor Corporate Growth Services, 50 Charles Li			Amount , 5 0 0 0 0	
City Uniondale	State NY	Zip 11553		
E. Full Name of Donor Stallworth Larson			Date of Receipt M M D D Y Y 0 9 1 9 2 0 0 4	
Mailing Address of Donor Corporate Growth Services, 50 Charles Li			Amount , 5 0 0 0 0	
City Uniondale	State NY	Zip 11553		
SUBTOTAL of Donations This Page (optional)			, 1 6 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 5)			, 1 9 5 1 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John Lavigne</p> <p>Mailing Address of Donor 4113 Lawrence Street</p> <p>City State Zip Alexandria VA 22309</p>	<p>Date of Receipt 10 25 2005</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Michael Leib</p> <p>Mailing Address of Donor 51 Centre Hill road</p> <p>City State Zip Sugarloaf PA 18249</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 10000</p>
<p>C. Full Name of Donor Darryl Leifheit</p> <p>Mailing Address of Donor 3820 Huffman Mill Pike</p> <p>City State Zip Lexington KY 40511</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Ralph Lisle</p> <p>Mailing Address of Donor 3960 Adams St</p> <p>City State Zip Carlsbad CA 92008</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor William Long</p> <p>Mailing Address of Donor P.O. Box 522</p> <p>City State Zip Glenbrook NV 89413</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 210000</p>	
<p>TOTAL This Period (last page this line number only) ▶ 19720000 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor William Long			Date of Receipt M M Y Y 0 8 1 0 2 0 0 4	
Mailing Address of Donor P.O. Box 522			Amount 5 0 0 0 0	
City Glenbrook	State NV	Zip 89413		

B. Full Name of Donor Jerry Loveless			Date of Receipt M M Y Y 1 0 2 2 2 0 0 4	
Mailing Address of Donor 9811 West Charleston #2-422			Amount 1 0 0 0 0	
City Las Vegas	State NV	Zip 89117		

C. Full Name of Donor Geoffrey Lubsen			Date of Receipt M M Y Y 1 0 2 4 2 0 0 4	
Mailing Address of Donor 153 Klinesville Rd.			Amount 2 5 0 0 0	
City Flemington	State NJ	Zip 08822		

D. Full Name of Donor David Lynch			Date of Receipt M M Y Y 1 0 2 8 2 0 0 4	
Mailing Address of Donor 2756 N. Green Valley Pkwy #836			Amount 5 0 0 0 0	
City Henderson	State NV	Zip 89014		

E. Full Name of Donor David Lynch			Date of Receipt M M Y Y 0 8 3 1 2 0 0 4	
Mailing Address of Donor 2756 N. Green Valley Pkwy #836			Amount 5 0 0 0 0	
City Henderson	State NV	Zip 89014		

SUBTOTAL of Donations This Page (optional)	1 8 5 0 0 0
TOTAL This Period (last page this line number only)	1 9 9 0 5 0 0 0
(carry total from last page to Line 9)	

2014-01-01 10:00:00 AM

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor James MacDonnell</p> <p>Mailing Address of Donor P.O. Box 984</p> <p>City State Zip Fort Walton Beach FL 32549</p>	<p>Date of Receipt M O Y Y 1 0 2 8 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor James MacDonnell</p> <p>Mailing Address of Donor P.O. Box 307</p> <p>City State Zip Fort Walton Beach FL 32549</p>	<p>Date of Receipt M O Y Y 1 0 3 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor L. James Mahoney</p> <p>Mailing Address of Donor 11918 Heritage Lane</p> <p>City State Zip Houston TX 77024</p>	<p>Date of Receipt M O Y Y 1 0 2 6 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor L. James Mahoney</p> <p>Mailing Address of Donor 11918 Heritage Lane</p> <p>City State Zip Houston TX 77024</p>	<p>Date of Receipt M O Y Y 1 0 0 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor Walter Malinowski</p> <p>Mailing Address of Donor 8903 chequers way</p> <p>City State Zip McLean VA 22102</p>	<p>Date of Receipt M O Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 2 1 0 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 2 0 1 1 5 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

2024-03-27 10:28:27 AM

<p>A. Full Name of Donor Kenneth Marcus</p> <p>Mailing Address of Donor 12494 Palos Tierra Road</p> <p>City State Zip Valley Center CA 92082</p>	<p>Date of Receipt 10 22 2006</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Doug Marlitt</p> <p>Mailing Address of Donor 12845 Quail Hill Ct</p> <p>City State Zip San Martin CA 95046</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Doug Marlitt</p> <p>Mailing Address of Donor 12845 Quail Hill Ct</p> <p>City State Zip San Martin CA 95046</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor John Martin</p> <p>Mailing Address of Donor Box 50190</p> <p>City State Zip Casper WY 82605</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Jeff Matthews</p> <p>Mailing Address of Donor 230 Panfield Road</p> <p>City State Zip Fairfield CT 06824</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 7,500 00</p>	
<p>TOTAL This Period (last page this line number only) ▶ 20,865 00 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

1. 2004-2005 Form 990-B (REV. 02-2003)

A. Full Name of Donor Jonathan Mayhew			Date of Receipt 10 23 2004		
Mailing Address of Donor 21 Holly Lane			Amount 500.00		
City	State	Zip			
Darien	CT	06820			
B. Full Name of Donor paul mccarthy			Date of Receipt 10 25 2004		
Mailing Address of Donor 6316 S. Western			Amount 500.00		
City	State	Zip			
chicago	IL	60636			
C. Full Name of Donor David McIntyre			Date of Receipt 10 22 2004		
Mailing Address of Donor 30692 Calle de Suenos			Amount 500.00		
City	State	Zip			
Rancho Palos Verdes	CA	90275			
D. Full Name of Donor David McIntyre			Date of Receipt 10 20 2004		
Mailing Address of Donor 30692 Calle de Suenos			Amount 500.00		
City	State	Zip			
Rancho Palos Verdes	CA	90275			
E. Full Name of Donor Randolph McManus			Date of Receipt 10 24 2004		
Mailing Address of Donor 2021 Q St, N.W.			Amount 500.00		
City	State	Zip			
Washington	DC	20009			
SUBTOTAL of Donations This Page (optional)			2500.00		
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			211150.00		

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Randall Mercer</p> <p>Mailing Address of Donor 296A Thompson Mill Rd</p> <p>City State Zip New Hope PA 18938</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 5,000.00</p>
<p>B. Full Name of Donor frank michel</p> <p>Mailing Address of Donor 123 davis rd</p> <p>City State Zip malvern PA 19355</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Magdy Mikhail</p> <p>Mailing Address of Donor 78 Hampton Oval</p> <p>City State Zip New Rochelle NY 10805</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 5,000.00</p>
<p>D. Full Name of Donor H. Dewitt Mitchell</p> <p>Mailing Address of Donor 3034 The Oaks</p> <p>City State Zip Destin FL 32550</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 5,000.00</p>
<p>E. Full Name of Donor Joseph Mitchell</p> <p>Mailing Address of Donor RD#1</p> <p>City State Zip Brookville PA 15825</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 5,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 7,500.00</p> <p>TOTAL This Period (last page this line number only) ▶ 21,865.00 (carry total from last page to 1518 2)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Joseph Mitchell</p> <hr/> <p>Mailing Address of Donor RD#1</p> <hr/> <p>City State Zip Brookville PA 15825</p>	<p>Date of Receipt 0 9 - 0 1 - 2 0 0 4</p> <hr/> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Joseph Mitchell</p> <hr/> <p>Mailing Address of Donor RD#1</p> <hr/> <p>City State Zip Brookville PA 15825</p>	<p>Date of Receipt 0 9 - 1 7 - 2 0 0 4</p> <hr/> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor William Mora</p> <hr/> <p>Mailing Address of Donor 1612 Billy Casper Dr.</p> <hr/> <p>City State Zip El Paso TX 79936</p>	<p>Date of Receipt 1 0 - 2 6 - 2 0 0 4</p> <hr/> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor John Morgan</p> <hr/> <p>Mailing Address of Donor 6028 Cessna Dr</p> <hr/> <p>City State Zip Rockford IL 61109</p>	<p>Date of Receipt 1 0 - 2 2 - 2 0 0 4</p> <hr/> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor swift mothershead</p> <hr/> <p>Mailing Address of Donor p.o. box 30036</p> <hr/> <p>City State Zip charlotte NC 28230</p>	<p>Date of Receipt 1 0 - 2 4 - 2 0 0 4</p> <hr/> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 3 0 0 0 0 0</p> <hr/> <p>TOTAL This Period (last page like line number only) ▶ 2 2 1 6 5 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Richard Mouser		Date of Receipt 10 25 2004	
Mailing Address of Donor 488 County Road 423		Amount 250.00	
City Uvalde	State TX	Zip 78801	
B. Full Name of Donor stanley mrose		Date of Receipt 10 23 2004	
Mailing Address of Donor 3 stonewall circle		Amount 500.00	
City west harrison	State NY	Zip 10604	
C. Full Name of Donor Fred Muhs		Date of Receipt 10 25 2004	
Mailing Address of Donor PO Box 8		Amount 5000.00	
City Edgewater	State NJ	Zip 07020	
D. Full Name of Donor John Musil		Date of Receipt 10 23 2004	
Mailing Address of Donor 521 E. Moneta Ave.		Amount 5000.00	
City Peoria Heights	State IL	Zip 61616	
E. Full Name of Donor John Musil		Date of Receipt 00 21 2004	
Mailing Address of Donor 521 E. Moneta Ave.		Amount 1000.00	
City Peoria Hts.	State IL	Zip 61616	
SUBTOTAL of Donations This Page (optional)		8350.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)		228000.00	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John Musil</p> <p>Mailing Address of Donor 521 E. Moneta Ave.</p> <p>City State Zip Peoria Heights IL 61616</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor John A. Musil</p> <p>Mailing Address of Donor 521 E Moneta Ave</p> <p>City State Zip Peoria IL 61616</p>	<p>Date of Receipt 10 28 2004</p> <p>Amount 1000.00</p>
<p>C. Full Name of Donor ponnuswamy natarajan</p> <p>Mailing Address of Donor 7321 midnightpass road</p> <p>City State Zip sarasota FL 34242</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor ponnuswamy natarajan</p> <p>Mailing Address of Donor 7321 midnightpass road</p> <p>City State Zip sarasota FL 34242</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Edward negley</p> <p>Mailing Address of Donor box 787</p> <p>City State Zip normandy beach NJ 08739</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1000.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3500.00</p>
<p>TOTAL This Period (last page title and NUMBER only) (carry total from last page to Line 9)</p>	<p>231500.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert Neil</p> <hr/> <p>Mailing Address of Donor 3550 El Centro Street</p> <hr/> <p>City State Zip St Pete Beach FL 33706</p>	<p>Date of Receipt 1 0 2 2 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>B. Full Name of Donor John Nelson</p> <hr/> <p>Mailing Address of Donor 1205 Johnson Street</p> <hr/> <p>City State Zip Menlo Park CA 94025</p>	<p>Date of Receipt 1 0 2 2 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>C. Full Name of Donor thomas nelson</p> <hr/> <p>Mailing Address of Donor 6100 old lagrange rd.</p> <hr/> <p>City State Zip crestwood KY 40014</p>	<p>Date of Receipt 1 0 2 2 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Jack O'Neel</p> <hr/> <p>Mailing Address of Donor PO Box 2307</p> <hr/> <p>City State Zip Borrego Springs CA 92004</p>	<p>Date of Receipt 1 0 2 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor William F Odom Jr</p> <hr/> <p>Mailing Address of Donor 229 Deerwood Drive</p> <hr/> <p>City State Zip Huddleston VA 24104</p>	<p>Date of Receipt 1 0 2 2 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 4 3 5 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 2 3 5 8 5 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William F Odom Jr</p> <p>Mailing Address of Donor 229 Deenwood Drive</p> <p>City State Zip Huddleston VA 24104</p>	<p>Date of Receipt 1 0 2 5 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor James Oliver</p> <p>Mailing Address of Donor 6327 Caminito del Cervato</p> <p>City State Zip San Diego CA 92111</p>	<p>Date of Receipt 1 0 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor James Oliver</p> <p>Mailing Address of Donor 6327 Caminito del Cervato</p> <p>City State Zip San Diego CA 92111</p>	<p>Date of Receipt 1 0 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor James Oliver</p> <p>Mailing Address of Donor 6327 Caminito del Cervato</p> <p>City State Zip San Diego CA 92111</p>	<p>Date of Receipt 1 0 3 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor Doris Orr</p> <p>Mailing Address of Donor 13911 SE 47th Street</p> <p>City State Zip Bellevue WA 98006</p>	<p>Date of Receipt 1 0 2 3 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>2 2 5 0 0 0</p> <p>2 3 8 1 0 0 0 0</p>

0049 - 03/05 - 68710-00 - 00000000

SCHEDULE 9-A
Donation(s) Received

11/10/2004 10:00 AM

<p>A. Full Name of Donor George Parker</p> <p>Mailing Address of Donor 221 Chesley Lane</p> <p>City State Zip Chapel Hill NC 27514</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Jackie Payne</p> <p>Mailing Address of Donor 220 Sukoshi Dr.</p> <p>City State Zip Panama City FL 32404</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>C. Full Name of Donor Jackie Payne</p> <p>Mailing Address of Donor 220 Sukoshi Dr.</p> <p>City State Zip Panama City FL 32404</p>	<p>Date of Receipt M M D D Y Y Y Y 0 0 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>D. Full Name of Donor mary percy</p> <p>Mailing Address of Donor 3146 Thomas Avenue</p> <p>City State Zip Montgomery AL 36106</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor April Perry</p> <p>Mailing Address of Donor 2205 Pembroke Place</p> <p>City State Zip Denton TX 76205</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2 6 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>2 4 0 7 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Bob Perry</p> <p>Mailing Address of Donor P.O. Box 34153</p> <p>City State Zip Houston TX 77234</p>	<p>Date of Receipt M O Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 5 0 0 0 0 0 0</p>
<p>B. Full Name of Donor Wayne M. Perry</p> <p>Mailing Address of Donor P.O. Box 645 (611 Evergreen Pt. Rd.)</p> <p>City State Zip Medina WA 98039</p>	<p>Date of Receipt M O Y Y 1 0 2 5 1 2 0 0 4</p> <p>Amount 5 0 0 0 0 0 0</p>
<p>C. Full Name of Donor Priscilla Petty</p> <p>Mailing Address of Donor 229 Oliver Road</p> <p>City State Zip Cincinnati OH 45215</p>	<p>Date of Receipt M O Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 5 0 0 0 0 0 0</p>
<p>D. Full Name of Donor William Petty</p> <p>Mailing Address of Donor 6717 NW 48th lane</p> <p>City State Zip Gainesville DC 32653</p>	<p>Date of Receipt M O Y Y 1 0 2 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0</p>
<p>E. Full Name of Donor Jim Phillips</p> <p>Mailing Address of Donor 101 Bull Street</p> <p>City State Zip Charleston SC 29401</p>	<p>Date of Receipt M O Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>5 7 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>2 9 7 7 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Norm Phillips

Mailing Address of Donor
71 N. Windsail Place

City **State** **Zip**
Spring TX 77381

Date of Receipt
M M . D D . Y Y Y Y
1 0 . 2 5 . 2 0 0 4

Amount
5 0 0 0 0

B. Full Name of Donor
Thomas Phillips

Mailing Address of Donor
626 Chain Bridge Rd

City **State** **Zip**
McLean VA 22101

Date of Receipt
M M . D D . Y Y Y Y
1 0 . 2 5 . 2 0 0 4

Amount
5 0 0 0 0 0

C. Full Name of Donor
Wayne Pickard

Mailing Address of Donor
2602 John Moore Rd

City **State** **Zip**
Brandon FL 33511

Date of Receipt
M M . D D . Y Y Y Y
1 0 . 2 5 . 2 0 0 4

Amount
5 0 0 0 0

D. Full Name of Donor
martin pierce

Mailing Address of Donor
2341 suntuoso ct

City **State** **Zip**
farmington NM 87401

Date of Receipt
M M . D D . Y Y Y Y
1 0 . 2 2 . 2 0 0 4

Amount
2 5 0 0 0

E. Full Name of Donor
Brian Pilcher

Mailing Address of Donor
PO Box 399

City **State** **Zip**
Ross CA 94957

Date of Receipt
M M . D D . Y Y Y Y
1 0 . 2 5 . 2 0 0 4

Amount
5 0 0 0 0

SUBTOTAL of Donations This Page (optional)	6 7 5 0 0 0
TOTAL This Period (last page this line number only)	3 0 4 4 5 0 0 0
(carry total from last page to Line 9)	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Jan Pillar

Mailing Address of Donor
3825 Bluffview Dr.

City State Zip
Marietta GA 30062

Date of Receipt
 M M D D Y Y Y Y
 1 0 2 4 2 0 0 4

Amount
 1 0 0 0 0 0

B. Full Name of Donor
William Plummer

Mailing Address of Donor
300 S Wacker Drive

City State Zip
chicago IL 60606

Date of Receipt
 M M D D Y Y Y Y
 1 0 2 2 2 0 0 4

Amount
 5 0 0 0 0 0

C. Full Name of Donor
William Plummer

Mailing Address of Donor
300 S Wacker Dr

City State Zip
Chicago IL 60606

Date of Receipt
 M M D D Y Y Y Y
 1 0 1 8 2 0 0 4

Amount
 5 0 0 0 0 0

D. Full Name of Donor
Myles Pollin

Mailing Address of Donor
270 Broadway

City State Zip
New York NY 10007

Date of Receipt
 M M D D Y Y Y Y
 1 0 2 5 2 0 0 4

Amount
 1 0 0 0 0 0

E. Full Name of Donor
Roger Polly

Mailing Address of Donor
p o box 5781

City State Zip
kingsville TX 78364

Date of Receipt
 M M D D Y Y Y Y
 1 0 2 2 2 0 0 4

Amount
 1 0 0 0 0 0

SUBTOTAL of Donations This Page (optional) ▶ 4 0 0 0 0 0

TOTAL This Period (last page this line number only) ▶ 3 0 8 4 5 0 0 0
 (carry total from last page to Line 9)

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor James Pope, Jr.</p> <p>Mailing Address of Donor 114 N. Holcomb Rd.</p> <p>City State Zip Clarkston MI 48346</p>	<p>Date of Receipt MM - DD - YYYY 10 - 22 - 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor James Pope, Jr.</p> <p>Mailing Address of Donor 114 N. Holcomb Rd.</p> <p>City State Zip Clarkston MI 48346</p>	<p>Date of Receipt MM - DD - YYYY 08 - 24 - 2004</p> <p>Amount 5 0 0 0</p>
<p>C. Full Name of Donor James Pope, Jr.</p> <p>Mailing Address of Donor 114 N. Holcomb Rd.</p> <p>City State Zip Clarkston MI 48346</p>	<p>Date of Receipt MM - DD - YYYY 08 - 01 - 2004</p> <p>Amount 5 0 0 0</p>
<p>D. Full Name of Donor James Pope, Jr.</p> <p>Mailing Address of Donor 114 N. Holcomb Rd.</p> <p>City State Zip Clarkston MI 48346</p>	<p>Date of Receipt MM - DD - YYYY 08 - 08 - 2004</p> <p>Amount 1 0 0 0 0</p>
<p>E. Full Name of Donor James Pope, Jr.</p> <p>Mailing Address of Donor 114 N. Holcomb Rd.</p> <p>City State Zip Clarkston MI 48346</p>	<p>Date of Receipt MM - DD - YYYY 08 - 15 - 2004</p> <p>Amount 1 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (colophon) ▶</p>	<p>1 3 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>3 0 9 7 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor James Pope, Jr.</p> <p>Mailing Address of Donor 114 N. Holcomb Rd.</p> <p>City State Zip Clarkston MI 48346</p>	<p>Date of Receipt 0 9 - 2 1 - 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>B. Full Name of Donor James Pope, Jr.</p> <p>Mailing Address of Donor 114 N. Holcomb Rd.</p> <p>City State Zip Clarkston MI 48346</p>	<p>Date of Receipt 1 0 - 0 1 - 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor Stephanie Prince</p> <p>Mailing Address of Donor 5430 Vanalden Avenue</p> <p>City State Zip Tarzana CA 91356</p>	<p>Date of Receipt 1 0 - 2 2 - 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>D. Full Name of Donor Barry Putegnat</p> <p>Mailing Address of Donor 44 W Jefferson St, Ste I</p> <p>City State Zip Brownsville TX 78520</p>	<p>Date of Receipt 1 0 - 2 5 - 2 0 0 4</p> <p>Amount 2 0 0 0 0 0</p>
<p>E. Full Name of Donor Paul Rady</p> <p>Mailing Address of Donor 4 Mockingbird Lane</p> <p>City State Zip Englewood CO 80113</p>	<p>Date of Receipt 1 0 - 2 3 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 3 6 0 0 0 0</p>	
<p>TOTAL This Period (see page this line number only) ▶ 3 1 3 3 5 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert Reeder</p> <p>Mailing Address of Donor 5625 Red Valley Road</p> <p>City State Zip lone CA 95640</p>	<p>Date of Receipt M O Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Robert Reeder</p> <p>Mailing Address of Donor 5625 Red Valley Road</p> <p>City State Zip lone CA 95640</p>	<p>Date of Receipt M O Y Y 0 8 2 3 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Robert Reeder</p> <p>Mailing Address of Donor 5625 Red Valley Road</p> <p>City State Zip lone CA 95640</p>	<p>Date of Receipt M O Y Y 0 8 0 8 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>D. Full Name of Donor thomas reifenheiser</p> <p>Mailing Address of Donor 9 watch tower rd.</p> <p>City State Zip darien CT 06820</p>	<p>Date of Receipt M O Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor thomas reifenheiser</p> <p>Mailing Address of Donor 9 watch tower rd.</p> <p>City State Zip darien CT 06820</p>	<p>Date of Receipt M O Y Y 0 8 0 7 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1 7 5 0 0 0</p>
<p>TOTAL This Page (last page this box number only)</p> <p>(carry total from last page to Line 8)</p>	<p>3 1 5 1 0 0 0 0</p>

2008年10月23日 星期四 10:55:22

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor thomas reifenheiser			Date of Receipt 2 0 0 4 - 2 0 0 4	
Mailing Address of Donor 9 watchtower rd.			Amount 2 5 0 0 0	
City darien	State CT	Zip 06820		
B. Full Name of Donor thomas reifenheiser			Date of Receipt 0 8 - 0 8 - 2 0 0 4	
Mailing Address of Donor 9 watch tower rd.			Amount 2 5 0 0 0	
City darien	State CT	Zip 06820		
C. Full Name of Donor thomas reifenheiser			Date of Receipt 1 0 - 2 3 - 2 0 0 4	
Mailing Address of Donor 9 watch tower rd.			Amount 2 5 0 0 0	
City darien	State CT	Zip 06820		
D. Full Name of Donor Edward Reilly			Date of Receipt 1 0 - 2 2 - 2 0 0 4	
Mailing Address of Donor 5 Old Field Place			Amount 2 5 0 0 0	
City Rowayton	State CT	Zip 06853		
E. Full Name of Donor Edward Reilly			Date of Receipt 0 5 - 1 1 - 2 0 0 4	
Mailing Address of Donor 5 Old Field Place			Amount 5 0 0 0	
City Rowayton	State CT	Zip 06853		
SUBTOTAL of Donations This Page (optional)			1 0 5 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line #)			3 1 6 1 5 0 0 0	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Edward Reilly			Date of Receipt 09 01 2004	
Mailing Address of Donor 5 Old Field Place			Amount 500.00	
City Rowayton	State CT	Zip 06853		

B. Full Name of Donor Edward Reilly			Date of Receipt 10 22 2004	
Mailing Address of Donor 5 Old Field Place			Amount 500.00	
City Norwalk	State CT	Zip 06853		

C. Full Name of Donor Edward Reilly			Date of Receipt 10 22 2004	
Mailing Address of Donor 5 Old Field Place			Amount 250.00	
City Rowayton	State CT	Zip 06853		

D. Full Name of Donor David Richardson			Date of Receipt 10 25 2004	
Mailing Address of Donor PO Box 1629			Amount 2500.00	
City Julian	State CA	Zip 92036		

E. Full Name of Donor Clayton Roberts			Date of Receipt 10 25 2004	
Mailing Address of Donor 6226 Mimosa Lane			Amount 500.00	
City Dallas	State TX	Zip 75230		

SUBTOTAL of Donations (This Page (optional)	4250.00
TOTAL This Period (last page this line number only)	32040.00
(carry total from last page to line 9)	

2005 Form 990 (REV. 02/04)

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Richard Roberts

Mailing Address of Donor
120 Arbutus Dr.

City State Zip
Lakewood NJ 08701

Date of Receipt
M O D Y Y Y
1 0 2 2 2 0 0 4

Amount
1 0 0 0 0 0

B. Full Name of Donor
Richard Roberts

Mailing Address of Donor
120 Arbutus Dr.

City State Zip
Lakewood NJ 08701

Date of Receipt
M O D Y Y Y
1 0 1 6 2 0 0 4

Amount
5 0 0 0 0 0

C. Full Name of Donor
A. James Roberts III

Mailing Address of Donor
2520 Sunny Slopes Dr.

City State Zip
Park City UT 84060

Date of Receipt
M O D Y Y Y
1 0 2 9 2 0 0 4

Amount
5 0 0 0 0 0

D. Full Name of Donor
Thomas Rosencrants

Mailing Address of Donor
7920 Landowne Drive

City State Zip
Atlanta GA 30350

Date of Receipt
M O D Y Y Y
1 0 2 3 2 0 0 4

Amount
5 0 0 0 0 0

E. Full Name of Donor
Margaret Salisbury

Mailing Address of Donor
3012 W 67th Terrace

City State Zip
Mission Hills KS 66208

Date of Receipt
M O D Y Y Y
1 0 2 3 2 0 0 4

Amount
5 0 0 0 0 0

SUBTOTAL of Donations This Page (optional)	3 0 0 0 0 0
TOTAL This Period (last page this line number only)	3 2 3 4 0 0 0 0
(carry over from last page to Line 6)	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor William Sandalls <hr/> Mailing Address of Donor 445 Broadway, Apt. 2P <hr/> City State Zip Hastings on Hudson NY 10706	Date of Receipt M M D D Y Y Y Y 1 0 2 3 2 0 0 4 <hr/> Amount 5 0 0 0 0
B. Full Name of Donor Michael sandorffy <hr/> Mailing Address of Donor 520 Pike Street <hr/> City State Zip SEATTLE WA 98101	Date of Receipt M M D D Y Y Y Y 1 0 2 2 2 0 0 4 <hr/> Amount 2 5 0 0 0
C. Full Name of Donor Michael sandorffy <hr/> Mailing Address of Donor 520 Pike Street <hr/> City State Zip SEATTLE WA 98101	Date of Receipt M M D D Y Y Y Y 1 0 2 5 2 0 0 4 <hr/> Amount 1 0 0 0 0
D. Full Name of Donor Mark A. Sass <hr/> Mailing Address of Donor 1375 Ford Street # 720 <hr/> City State Zip Maumee OH 43537	Date of Receipt M M D D Y Y Y Y 1 0 2 5 2 0 0 4 <hr/> Amount 2 5 0 0 0
E. Full Name of Donor Mark A. Sass <hr/> Mailing Address of Donor 1375 Ford Street # 720 <hr/> City State Zip Maumee OH 43537	Date of Receipt M M D D Y Y Y Y 0 8 1 9 3 0 0 4 <hr/> Amount 2 5 0 0 0
SUBTOTAL of Donations This Page (optional)	1 1 2 5 0 0
TOTAL This Page (last page this line number only) (carry total from last page to Line 9)	3 2 4 5 2 5 0 0

2025 RELEASE UNDER E.O. 14176

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Mark A. Sass</p> <p>Mailing Address of Donor 1375 Ford Street # 720</p> <p>City State Zip Maumee OH 43537</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 5000</p>
<p>B. Full Name of Donor Mark A. Sass</p> <p>Mailing Address of Donor 1375 Ford Street # 720</p> <p>City State Zip Maumee OH 43537</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 2500</p>
<p>C. Full Name of Donor Mark A. Sass</p> <p>Mailing Address of Donor 1375 Ford Street # 720</p> <p>City State Zip Maumee OH 43537</p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 5000</p>
<p>D. Full Name of Donor Mark A. Sass</p> <p>Mailing Address of Donor 1375 Ford Street # 720</p> <p>City State Zip Maumee OH 43537</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 5000</p>
<p>E. Full Name of Donor Mark A. Sass</p> <p>Mailing Address of Donor 1375 Ford Street # 720</p> <p>City State Zip Maumee OH 43537</p>	<p>Date of Receipt 09 03 2004</p> <p>Amount 5000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>22500</p>
<p>TOTAL This Period (first page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>32475000</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Mark A. Sass

Mailing Address of Donor
1375 Ford Street # 720

City State Zip
Maumee OH 43537

Date of Receipt
 10 16 2004

Amount
 500.00

B. Full Name of Donor
Donald Satterfield

Mailing Address of Donor
12 Emerson Way

City State Zip
Hopkinton MA 01748

Date of Receipt
 10 29 2004

Amount
 250.00

C. Full Name of Donor
Donald Satterfield

Mailing Address of Donor
12 Emerson Way

City State Zip
Hopkinton MA 01748

Date of Receipt
 09 18 2004

Amount
 500.00

D. Full Name of Donor
Donald Satterfield

Mailing Address of Donor
12 Emerson Way

City State Zip
Hopkinton MA 01748

Date of Receipt
 10 09 2004

Amount
 250.00

E. Full Name of Donor
Kenneth Saunders

Mailing Address of Donor
9890 E Paseo San Rosendo

City State Zip
Tucson AZ 85747

Date of Receipt
 10 25 2004

Amount
 250.00

SUBTOTAL of Donations This Page (optional)	1750.00
TOTAL This Period (last page the line number only)	3285.00
(carry total from last page to line 5)	

10/16/04 10/29/04 09/18/04 10/09/04 10/25/04

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Cary Schatz

Mailing Address of Donor
345 South Doheny Drive, Apartment 202

City **State** **Zip**
Beverly Hills **CA** **90211**

Date of Receipt
MM DD YY
09 20 2004

Amount
5000

B. Full Name of Donor
Cary Schatz

Mailing Address of Donor
345 South Doheny Drive, Apartment 202

City **State** **Zip**
Beverly Hills **CA** **90211**

Date of Receipt
MM DD YY
10 20 2004

Amount
10000

C. Full Name of Donor
Cary Schatz

Mailing Address of Donor
345 South Doheny Drive, Apartment 202

City **State** **Zip**
Beverly Hills **CA** **90211**

Date of Receipt
MM DD YY
10 23 2004

Amount
10000

D. Full Name of Donor
Cary Schatz

Mailing Address of Donor
345 South Doheny Drive, Apartment 202

City **State** **Zip**
Beverly Hills **CA** **90211**

Date of Receipt
MM DD YY
10 25 2004

Amount
10000

E. Full Name of Donor
Cary Schatz

Mailing Address of Donor
345 South Doheny Drive, Apartment 202

City **State** **Zip**
Beverly Hills **CA** **90211**

Date of Receipt
MM DD YY
09 23 2004

Amount
10000

SUBTOTAL of Donations This Page (optional) ▶ 45000

TOTAL This Period (last page this line number only) ▶ 32695000
(carry total from last page to Line 8)

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Cary Schatz

Mailing Address of Donor
345 South Doheny Drive, Apartment 202

City State Zip
Beverly Hills CA 90211

Date of Receipt
M M D D Y Y
0 8 0 8 2 0 0 4

Amount
5 0 0 0

B. Full Name of Donor
Cary Schatz

Mailing Address of Donor
345 South Doheny Drive, Apartment 202

City State Zip
Beverly Hills CA 90211

Date of Receipt
M M D D Y Y
0 8 1 6 2 0 0 4

Amount
1 0 0 0 0

C. Full Name of Donor
Cary Schatz

Mailing Address of Donor
345 South Doheny Drive, Apartment 202

City State Zip
Beverly Hills CA 90211

Date of Receipt
M M D D Y Y
0 8 1 7 2 0 0 4

Amount
1 0 0 0 0

D. Full Name of Donor
Cary Schatz

Mailing Address of Donor
345 South Doheny Drive, Apartment 202

City State Zip
Beverly Hills CA 90211

Date of Receipt
M M D D Y Y
1 0 0 1 2 0 0 4

Amount
1 0 0 0 0

E. Full Name of Donor
Cary Schatz

Mailing Address of Donor
345 South Doheny Drive, Apartment 202

City State Zip
Beverly Hills CA 90211

Date of Receipt
M M D D Y Y
1 0 0 8 2 0 0 4

Amount
1 0 0 0 0

SUBTOTAL of Donations This Page (optional)

4 5 0 0 0

TOTAL This Period (last page this line number only)

(carry total from last page to Line 9)

3 2 7 4 0 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 5000</p>
<p>B. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 5000</p>
<p>C. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 10000</p>
<p>D. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 10 21 2004</p> <p>Amount 5000</p>
<p>E. Full Name of Donor Joel Schlesinger</p> <p>Mailing Address of Donor PO Box 850</p> <p>City State Zip McAfee NJ 07428</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>75000</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>32815000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Joel Schlesinger</p> <p>Mailing Address of Donor PO Box 850</p> <p>City State Zip McAfee NJ 07428</p>	<p>Date of Receipt M P Y Y Y Y 0 8 1 9 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Meshell Schloss</p> <p>Mailing Address of Donor 10308 Bayless Lane</p> <p>City State Zip Fort Wayne IN 46804</p>	<p>Date of Receipt M P Y Y Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Meshell Schloss</p> <p>Mailing Address of Donor 10308 Bayless Ln</p> <p>City State Zip Fort Wayne IN 46804</p>	<p>Date of Receipt M P Y Y Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Mark Scholz</p> <p>Mailing Address of Donor 5305 Shenandoah Ave</p> <p>City State Zip Los Angeles CA 90058</p>	<p>Date of Receipt M P Y Y Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor Paul Schulstad</p> <p>Mailing Address of Donor 20 Eckert Farm Road</p> <p>City State Zip Saddle River NJ 07458</p>	<p>Date of Receipt M P Y Y Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>SUBTOTAL of Donations This Page (col/line) ▶</p>	<p>2 7 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>3 3 0 9 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Carol L. Segrest

Mailing Address of Donor
6306 Cocoa Ln

City State Zip
Apollo Beach FL 33572

Date of Receipt
10 25 2004

Amount
2,000.00

B. Full Name of Donor
P. Serio

Mailing Address of Donor
20134 E Damerall Dr

City State Zip
Covina CA 91724

Date of Receipt
10 25 2004

Amount
1,000.00

C. Full Name of Donor
Robert Sexton

Mailing Address of Donor
6411 E. Shepherd Hills Dr.

City State Zip
Tampa AZ 85710

Date of Receipt
10 23 2004

Amount
1,000.00

D. Full Name of Donor
terence ShafteI

Mailing Address of Donor
32 Walnut Avenue

City State Zip
Los gatos CA 95030

Date of Receipt
10 25 2004

Amount
500.00

E. Full Name of Donor
Barry Shannon

Mailing Address of Donor
344 Sea Oats Trail

City State Zip
Kitty Hawk NC 27949

Date of Receipt
10 25 2004

Amount
250.00

SUBTOTAL of Donations This Page (optional)

4,750.00

TOTAL This Period (last page this line number only)
(carry total from last page to Line 9)

3,356.50

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Mortimer Shea</p> <p>_____ Mailing Address of Donor 9121 Kapaa Dr</p> <p>_____ City State Zip Huntington Beach CA 92646</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 2 5 - 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>B. Full Name of Donor Greg Sheehan</p> <p>_____ Mailing Address of Donor 3306 Pleasant Valley Blvd.</p> <p>_____ City State Zip Altoona PA 16602</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 2 5 - 2 0 0 4</p> <p>Amount 5 0 0 0 . 0 0</p>
<p>C. Full Name of Donor Greg Sheehan</p> <p>_____ Mailing Address of Donor 3306 Pleasant Valley Blvd</p> <p>_____ City State Zip Altoona PA 16602</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 1 7 - 2 0 0 4</p> <p>Amount 5 0 0 0 . 0 0</p>
<p>D. Full Name of Donor James Shiley</p> <p>_____ Mailing Address of Donor 608 SW Arboretum Circle</p> <p>_____ City State Zip Portland OR 97221</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 2 5 - 2 0 0 4</p> <p>Amount 2 5 0 0 . 0 0</p>
<p>E. Full Name of Donor Jeffrey Siegel</p> <p>_____ Mailing Address of Donor 280 Cambon Ave</p> <p>_____ City State Zip Saint James NY 11780</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 2 5 - 2 0 0 4</p> <p>Amount 2 5 0 0 . 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>_____ TOTAL This Period (last page this line number only) ▶ (carry over from last page to Line 9)</p>	<p>2 5 0 0 . 0 0</p> <p>3 3 8 1 5 0 . 0 0</p>

2004-2005 Form 990-BL (REV. 03-08)

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Jeffrey Siegel			Date of Receipt M M D D Y Y 0 8 1 0 2 0 0 4	
Mailing Address of Donor 280 Cambon Ave			Amount 2 5 0 0 0	
City	State	Zip		
Saint James	NY	11780		

B. Full Name of Donor Jeffrey Siegel			Date of Receipt M M D D Y Y 0 8 0 3 2 0 0 4	
Mailing Address of Donor 280 Cambon Ave			Amount 2 5 0 0 0	
City	State	Zip		
Saint James	NY	11780		

C. Full Name of Donor Jeffrey Siegel			Date of Receipt M M D D Y Y 1 0 0 1 2 0 0 4	
Mailing Address of Donor 280 Cambon Ave			Amount 2 5 0 0 0	
City	State	Zip		
Saint James	NY	11780		

D. Full Name of Donor William Singleton			Date of Receipt M M D D Y Y 1 0 2 3 2 0 0 4	
Mailing Address of Donor 1517 Monaco Drive			Amount 1 0 0 0 0 0	
City	State	Zip		
Pacific Palisades	CA	90272		

E. Full Name of Donor Michael Skinner			Date of Receipt M M D D Y Y 1 0 2 2 2 0 0 4	
Mailing Address of Donor 11030 Santa Monica Blvd			Amount 1 0 0 0 0 0	
City	State	Zip		
Los Angeles	CA	90025		

SUBTOTAL of Donations This Page (optional)	2 7 5 0 0 0
TOTAL This Period (last page this line number only) (carry total from last page to Line #)	3 4 0 9 0 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Blair Smith</p> <p>Mailing Address of Donor 4709 Parkhurst Dr</p> <p>City State Zip Bellingham WA 98229</p>	<p>Date of Receipt 0 9 - 0 9 - 2 0 0 4</p> <p>Amount 5 0 0 . 0 0</p>
<p>B. Full Name of Donor Blair Smith</p> <p>Mailing Address of Donor 4709 Parkhurst Drive</p> <p>City State Zip Bellingham WA 98229</p>	<p>Date of Receipt 0 9 - 0 9 - 2 0 0 4</p> <p>Amount 2 5 0 . 0 0</p>
<p>C. Full Name of Donor Blair Smith</p> <p>Mailing Address of Donor 4709 Parkhurst Dr</p> <p>City State Zip Bellingham WA 98229</p>	<p>Date of Receipt 0 7 - 2 0 0 4</p> <p>Amount 2 5 0 . 0 0</p>
<p>D. Full Name of Donor Dan Smith</p> <p>Mailing Address of Donor 3221 Avalon Place</p> <p>City State Zip Houston TX 77019</p>	<p>Date of Receipt 0 9 - 2 0 - 2 0 0 4</p> <p>Amount 5 0 0 . 0 0</p>
<p>E. Full Name of Donor David Smith</p> <p>Mailing Address of Donor 583 Chardonnay Pt.</p> <p>City State Zip Waukee IA 50263</p>	<p>Date of Receipt 0 9 - 0 9 - 2 0 0 4</p> <p>Amount 5 0 0 . 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 0 0 0 . 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>3 4 2 9 0 0 . 0 0</p>

2004 FEB 10 10:00 AM

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor David R. Smith</p> <p>Mailing Address of Donor 583 Chardonnay Pt.</p> <p>City State Zip Waukee IA 50263</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 2 3 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Donald Smith</p> <p>Mailing Address of Donor 288 Hubbard Rd</p> <p>City State Zip Newton AL 36352</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 2 3 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Lecia Smith</p> <p>Mailing Address of Donor 5106 West Creek Court</p> <p>City State Zip Suffolk VA 23435</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 2 8 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Lecia Smith</p> <p>Mailing Address of Donor 5106 West Creek Court</p> <p>City State Zip Suffolk VA 23435</p>	<p>Date of Receipt M M D D Y Y Y Y 0 8 1 0 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor W.R. Smith</p> <p>Mailing Address of Donor 3653 Oceanside Drive</p> <p>City State Zip Greenbank WA 98253</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 3 0 9 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 3 4 5 8 0 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Constantine Sotiriou</p> <p>Mailing Address of Donor 3907 South Jasmine Street</p> <p>City State Zip Denver CO 80237</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 2 2 2 0 0 4</p> <p>Amount 5 0 0 . 0 0</p>
<p>B. Full Name of Donor Constantine Sotiriou</p> <p>Mailing Address of Donor 3907 South Jasmine Street</p> <p>City State Zip Denver CO 80237</p>	<p>Date of Receipt M M D D Y Y Y Y 0 9 0 1 2 0 0 4</p> <p>Amount 5 0 0 . 0 0</p>
<p>C. Full Name of Donor THERESE STANFILL</p> <p>Mailing Address of Donor 908 oak grove avenue</p> <p>City State Zip san marino CA 91108</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 1 0 0 . 0 0</p>
<p>D. Full Name of Donor J STERRY</p> <p>Mailing Address of Donor 18947 kilfinan street</p> <p>City State Zip northridge CA 91326</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 2 5 2 0 0 4</p> <p>Amount 2 5 0 . 0 0</p>
<p>E. Full Name of Donor j sterry</p> <p>Mailing Address of Donor 18947 kilfinan</p> <p>City State Zip northridge CA 91326</p>	<p>Date of Receipt M M D D Y Y Y Y 0 8 2 7 2 0 0 4</p> <p>Amount 2 5 0 . 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1 6 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>3 4 7 5 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor J STERRY			Date of Receipt 09 14 2004	
Mailing Address of Donor 18947 kilfinan			Amount 25000	
City northridge	State CA	Zip 91326		
B. Full Name of Donor J P STERRY			Date of Receipt 10 21 2004	
Mailing Address of Donor 18947 KILFINAN STREET			Amount 25000	
City NORTHBRIDGE	State CA	Zip 91326		
C. Full Name of Donor Neil Stewart			Date of Receipt 10 24 2004	
Mailing Address of Donor 3396 Hastings Avenue West			Amount 25000	
City Port Townsend	State WA	Zip 98368		
D. Full Name of Donor Neil Stewart			Date of Receipt 10 25 2004	
Mailing Address of Donor 3396 Hastings Avenue West			Amount 25000	
City Port Townsend	State WA	Zip 98368		
E. Full Name of Donor Neil Stewart			Date of Receipt 08 30 2004	
Mailing Address of Donor 3396 Hastings Avenue West			Amount 10000	
City Port Townsend	State WA	Zip 98368		
SUBTOTAL of Donations This Page (optional)			110000	
TOTAL This Period (last page this line number only) (carry total from last page to Line 3)			34860000	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Neil Stewart

Mailing Address of Donor
3396 Hastings Ave W

City State Zip
Port Townsend WA 98368

Date of Receipt
M M . D D . Y Y Y Y
0 9 . 0 9 . 2 0 0 4

Amount
1 0 0 0 0

B. Full Name of Donor
Neil Stewart

Mailing Address of Donor
3396 Hastings Ave W

City State Zip
Port Townsend WA 98368

Date of Receipt
M M . D D . Y Y Y Y
1 0 . 0 7 . 2 0 0 4

Amount
2 5 0 0 0

C. Full Name of Donor
Neil Stewart

Mailing Address of Donor
3396 Hastings Avenue West

City State Zip
Port Townsend WA 98368

Date of Receipt
M M . D D . Y Y Y Y
1 0 . 2 0 . 2 0 0 4

Amount
2 5 0 0 0

D. Full Name of Donor
Lester Straw

Mailing Address of Donor
2812 W GREEN ACRES RD

City State Zip
ROGERS AR 72758

Date of Receipt
M M . D D . Y Y Y Y
1 0 . 0 2 . 2 0 0 4

Amount
5 0 0 0 0

E. Full Name of Donor
Lester Straw

Mailing Address of Donor
2812 W GREEN ACRES RD

City State Zip
ROGERS AR 72758

Date of Receipt
M M . D D . Y Y Y Y
0 8 . 0 1 . 2 0 0 4

Amount
5 0 0 0 0

SUBTOTAL of Donations This Page (optional)	1 6 0 0 0 0
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	3 5 0 2 0 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor jonathan sturman</p> <p>Mailing Address of Donor 8061 riverside dr.</p> <p>City State Zip richmond VA 23225</p>	<p>Date of Receipt M O D Y 1 0 2 2 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor WILLIAM SUMMERS</p> <p>Mailing Address of Donor 20749 BEACHCLIFF BLVD.</p> <p>City State Zip ROCKY RIVER OH 44116</p>	<p>Date of Receipt M O D Y 1 0 2 2 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>C. Full Name of Donor Douglas Swenson</p> <p>Mailing Address of Donor 341 W Ashbourne Dr.</p> <p>City State Zip Eagle ID 83616</p>	<p>Date of Receipt M O D Y 1 0 2 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Robert Sydow</p> <p>Mailing Address of Donor 528 21st Street</p> <p>City State Zip Manhattan Beach CA 90266</p>	<p>Date of Receipt M O D Y 1 0 2 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Frances Taylor</p> <p>Mailing Address of Donor 8811 Willow Hills Drive</p> <p>City State Zip Huntsville AL 35802</p>	<p>Date of Receipt M O D Y 1 0 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>5 2 5 0 0 0</p>
<p>TOTAL This Form (Just page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>3 5 5 4 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
James Tegeder

Mailing Address of Donor
4716 Ridge Water CT

City **State** **Zip**
Holly Springs **NC** **27540**

Date of Receipt
M O Y D T Y Y T
1 0 2 2 2 0 0 4

Amount
5 0 0 0 0

B. Full Name of Donor
Kirk Tepe

Mailing Address of Donor
7071 Hollywood Drive

City **State** **Zip**
West Chester **OH** **45069**

Date of Receipt
M O Y D T Y Y T
1 0 2 3 2 0 0 4

Amount
1 0 0 0 0 0

C. Full Name of Donor
Kirk Tepe

Mailing Address of Donor
7071 Hollywood Drive

City **State** **Zip**
West Chester **OH** **45069**

Date of Receipt
M O Y D T Y Y T
1 0 2 5 2 0 0 4

Amount
2 5 0 0 0

D. Full Name of Donor
Kirk Tepe

Mailing Address of Donor
7071 Hollywood Drive

City **State** **Zip**
West Chester **OH** **45069**

Date of Receipt
M O Y D T Y Y T
1 0 1 1 2 0 0 4

Amount
5 0 0 0 0

E. Full Name of Donor
Paul Thomas

Mailing Address of Donor
PO Box 11085

City **State** **Zip**
Truckee **CA** **96162**

Date of Receipt
M O Y D T Y Y T
1 0 2 4 2 0 0 4

Amount
5 0 0 0 0

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

2 7 5 0 0 0

3 5 8 2 0 0 0 0

2004-03-23 09:02:00

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Stephen Thomas

Mailing Address of Donor
15 Sunset Gardens

City **State** **Zip**
Mountain Top PA 18707

Date of Receipt
M O Y Y
1 0 2 2 2 0 0 4

Amount
2 5 0 0 0

B. Full Name of Donor
Stephen Thomas

Mailing Address of Donor
15 Sunset Gardens

City **State** **Zip**
Mountain Top PA 18707

Date of Receipt
M O Y Y
1 0 1 2 2 0 0 4

Amount
5 0 0 0 0

C. Full Name of Donor
Steve Thomas

Mailing Address of Donor
15 Sunset Gardens

City **State** **Zip**
Mountain Top PA 18707

Date of Receipt
M O Y Y
0 8 2 1 2 0 0 4

Amount
2 5 0 0 0

D. Full Name of Donor
ricchard thompson

Mailing Address of Donor
21214 ste. andrews blvd.

City **State** **Zip**
boca raton FL 33433

Date of Receipt
M O Y Y
1 0 2 2 2 0 0 4

Amount
5 0 0 0 0

E. Full Name of Donor
richard thompson

Mailing Address of Donor
21214 ste. andrews blvd

City **State** **Zip**
boca raton FL 33433

Date of Receipt
M O Y Y
0 8 1 5 2 0 0 4

Amount
5 0 0 0 0

SUBTOTAL of Donations This Page (optional)

2 0 0 0 0 0

TOTAL This Period (last page into line number only)
(carry total from last page to Line 9)

3 8 0 2 0 0 0 0

SCHEDULE 9-A
Donation(s) Received

2025 RELEASE UNDER E.O. 14176

A. Full Name of Donor arturo torres			Date of Receipt M Y D C T Y Y Y 1 0 2 3 2 0 0 4	
Mailing Address of Donor PO BOX #17305			Amount \$ 5 0 0 0 0	
City SAN ANTONIO	State TX	Zip 78217		
B. Full Name of Donor arturo torres			Date of Receipt M Y D C T Y Y Y 0 8 0 8 2 0 0 4	
Mailing Address of Donor po box 17305			Amount \$ 5 0 0 0 0	
City san antonio	State TX	Zip 78217		
C. Full Name of Donor Miklos Toth			Date of Receipt M Y D C T Y Y Y 1 0 2 5 2 0 0 4	
Mailing Address of Donor 1070 Park Ave, #1A			Amount \$ 1 0 0 0 0 0	
City New York	State NY	Zip 10128		
D. Full Name of Donor martin treopel			Date of Receipt M Y D C T Y Y Y 1 0 2 3 2 0 0 4	
Mailing Address of Donor 24 dockside lane pmb 447			Amount \$ 1 0 0 0 0 0	
City key largo	State FL	Zip 33037		
E. Full Name of Donor Peter Tripple			Date of Receipt M Y D C T Y Y Y 1 0 2 3 2 0 0 4	
Mailing Address of Donor 2170 Coldwater Canyon Drive			Amount \$ 2 5 0 0 0	
City Beverly Hills	State CA	Zip 90210		
SUBTOTAL of Donations This Page (optional)			\$ 3 2 5 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			\$ 3 6 3 4 5 0 0 0	

SCHEDULE 9-A
Donation(s) Received

PAGE 108 OF 138

A. Full Name of Donor Deborah Unruh Mailing Address of Donor 12686 Hwy 49 City State Zip Grass Valley CA 95949	Date of Receipt M M Y Y 1 0 2 2 2 0 0 4 Amount 1 0 0 0 0 0
B. Full Name of Donor Nino Vaghi Mailing Address of Donor 5225 Pooks Hill Rd, Apt 1512 S City State Zip Bethesda MD 20814	Date of Receipt M M Y Y 1 0 2 5 2 0 0 4 Amount 1 0 0 0 0 0
C. Full Name of Donor NINO VAGHI Mailing Address of Donor 5225 POOKS HILL RD #1512-SOUTH City State Zip BETHESDA MD 20814	Date of Receipt M M Y Y 1 0 0 8 2 0 0 4 Amount 5 0 0 0 0 0
D. Full Name of Donor Michael Valentine Mailing Address of Donor 1861 Dexter Avenue City State Zip Cincinnati OH 45206	Date of Receipt M M Y Y 1 0 2 2 2 0 0 4 Amount 1 0 0 0 0 0 0 0
E. Full Name of Donor DIDIER VARLET Mailing Address of Donor 19 EAST SCOTT ST City State Zip CHICAGO IL 60610	Date of Receipt M M Y Y 1 0 2 2 2 0 0 4 Amount 1 0 0 0 0 0

SUBTOTAL of Donations This Page (optional)

1 2 6 0 0 0 0

 TOTAL This Period (last page this line number only)
 (carry total from last page to Line 9)

3 7 6 0 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Steve Vidibor			Date of Receipt 10 22 2004 Amount 500.00	
Mailing Address of Donor 217 Ada Ave. #24				
City Mountain View	State CA	Zip 94043		
B. Full Name of Donor Curtis Voges			Date of Receipt 10 25 2004 Amount 250.00	
Mailing Address of Donor 946 Oak				
City Winnetka	State IL	Zip 60093		
C. Full Name of Donor Curtis Voges			Date of Receipt 08 20 04 Amount 250.00	
Mailing Address of Donor 946 Oak Street				
City Winnetka	State IL	Zip 60093		
D. Full Name of Donor Curtis Voges			Date of Receipt 10 12 2004 Amount 500.00	
Mailing Address of Donor 946 Oak Street				
City Winnetka	State IL	Zip 60093		
E. Full Name of Donor Gary Vogler			Date of Receipt 10 29 2004 Amount 500.00	
Mailing Address of Donor 11451 S. W. 3rd. Street				
City Plantation	State FL	Zip 33325		

SUBTOTAL of Donations This Page (optional)	2000.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	3780.50

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Albert Walcutt</p> <p>Mailing Address of Donor 8260 Plank Rd.</p> <p>City State Zip Thompson OH 44086</p>	<p>Date of Receipt M O : D Y M Y 1 0 : 2 0 2 0 0 4</p> <p>Amount \$ 5 0 0 0 0</p>	
<p>B. Full Name of Donor Albert Walcutt</p> <p>Mailing Address of Donor 8260 Plank Rd.</p> <p>City State Zip Thompson OH 44086</p>	<p>Date of Receipt M O : D Y M Y 1 0 : 1 6 2 0 0 4</p> <p>Amount \$ 5 0 0 0 0</p>	
<p>C. Full Name of Donor bernard werner</p> <p>Mailing Address of Donor 105 wynview</p> <p>City State Zip moon township PA 15108</p>	<p>Date of Receipt M O : D Y M Y 1 0 : 2 2 2 0 0 4</p> <p>Amount \$ 1 0 0 0 0 0</p>	
<p>D. Full Name of Donor bernard werner</p> <p>Mailing Address of Donor 105 wynview drive</p> <p>City State Zip moon township PA 15108</p>	<p>Date of Receipt M O : D Y M Y 0 8 : 1 7 2 0 0 4</p> <p>Amount \$ 2 5 0 0 0</p>	
<p>E. Full Name of Donor bernard werner</p> <p>Mailing Address of Donor 105 wynview drive</p> <p>City State Zip moon township PA 15108</p>	<p>Date of Receipt M O : D Y M Y 0 8 : 0 5 2 0 0 4</p> <p>Amount \$ 5 0 0 0 0</p>	
<p>SUBTOTAL of Donations This Page (optional) ▶</p>		<p>2 7 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>		<p>3 8 0 8 0 0 0 0</p>

SCHEDULE 3-A
Donation(s) Received

A. Full Name of Donor Roy Wetterstrom			Date of Receipt M O Y Y Y Y 1 0 2 2 2 0 0 4			
Mailing Address of Donor 295 Lythrum Lane			Amount 5 0 0 0 0			
City	State	Zip				
Hamel	MN	55340				
B. Full Name of Donor lewis whaley			Date of Receipt M O Y Y Y Y 1 0 2 2 2 0 0 4			
Mailing Address of Donor #4 Quarry Ridge			Amount 5 0 0 0 0			
City	State	Zip				
Charleston	WV	25304				
C. Full Name of Donor Lewis Whaley			Date of Receipt M O Y Y Y Y 1 0 2 2 2 0 0 4			
Mailing Address of Donor #4 Quarry Ridge			Amount 5 0 0 0 0			
City	State	Zip				
CHARLESTON	WV	25304				
D. Full Name of Donor Cynthia Whitehead			Date of Receipt M O Y Y Y Y 1 0 2 2 2 0 0 4			
Mailing Address of Donor 40777 Black Gold Place			Amount 5 0 0 0 0			
City	State	Zip				
Leesburg	VA	20176				
E. Full Name of Donor Cynthia Whitehead			Date of Receipt M O Y Y Y Y 1 0 2 2 2 0 0 4			
Mailing Address of Donor 40777 Black Gold Place			Amount 5 0 0 0 0			
City	State	Zip				
Leesburg	VA	20176				
SUBTOTAL of Donations This Page (optional)			2 5 0 0 0 0			
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			3 8 3 3 0 0 0 0			

SCHEDULE 9-A
Donation(s) Received

2008-2009 = 1125 + 210000 + 1125 = 211125

<p>A. Full Name of Donor Cynthia Whitehead</p> <p>Mailing Address of Donor 40777 Black Gold Place</p> <p>City State Zip Leesburg VA 20176</p>	<p>Date of Receipt 0 9 / 3 0 / 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>B. Full Name of Donor Stephen Wiesenfeld</p> <p>Mailing Address of Donor 3102 Shell Ave</p> <p>City State Zip Midland TX 79705</p>	<p>Date of Receipt 1 0 / 2 5 / 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>C. Full Name of Donor Stephen Wiesenfeld</p> <p>Mailing Address of Donor 3102 Shell Ave</p> <p>City State Zip Midland TX 79705</p>	<p>Date of Receipt 0 8 / 2 0 / 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>D. Full Name of Donor Stephen Wiesenfeld</p> <p>Mailing Address of Donor 3102 Shell Ave</p> <p>City State Zip Midland TX 79705</p>	<p>Date of Receipt 0 5 / 2 3 / 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>E. Full Name of Donor Stephen Wiesenfeld</p> <p>Mailing Address of Donor 3102 Shell Ave</p> <p>City State Zip Midland TX 79705</p>	<p>Date of Receipt 0 8 / 2 4 / 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) 8 0 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) 3 8 4 1 0 0 0 0 (carry total from last page to Line 5)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Stephen Wiesenfeld			Date of Receipt NOV 27 2004	
Mailing Address of Donor 3102 Shell Ave			Amount 1 0 0 0 0	
City Midland	State TX	Zip 79705		
B. Full Name of Donor Stephen Wiesenfeld			Date of Receipt NOV 03 2004	
Mailing Address of Donor 3102 Shell Ave			Amount 1 0 0 0 0	
City Midland	State TX	Zip 79705		
C. Full Name of Donor Stephen Wiesenfeld			Date of Receipt NOV 09 2004	
Mailing Address of Donor 3102 Shell Ave			Amount 1 0 0 0 0	
City Midland	State TX	Zip 79705		
D. Full Name of Donor Gary E. Wilkin			Date of Receipt NOV 25 2004	
Mailing Address of Donor PO Box 1057			Amount 2 5 0 0 0 0	
City Tracyton	State WA	Zip 98393		
E. Full Name of Donor Michael Willett			Date of Receipt NOV 25 2004	
Mailing Address of Donor 5 Oriole Way			Amount 5 0 0 0 0	
City Ringoes	State NJ	Zip 08551		
SUBTOTAL of Donations This Page (optional)			3 3 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			3 8 7 4 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Bobby Williams
Mailing Address of Donor
3434 Howell Street NW Ste B
 City State Zip
Duluth GA 30096

Date of Receipt
 M M D D Y Y Y Y
 1 0 2 6 2 0 0 4
Amount
 5 0 0 0 0

B. Full Name of Donor
Bobby Williams
Mailing Address of Donor
3434 Howell Street NW, Ste B
 City State Zip
Duluth GA 30096

Date of Receipt
 M M D D Y Y Y Y
 1 0 2 6 2 0 0 4
Amount
 5 0 0 0 0

C. Full Name of Donor
Reynolds Williams
Mailing Address of Donor
1224 McIntosh Woods Rd
 City State Zip
Florence SC 29501

Date of Receipt
 M M D D Y Y Y Y
 1 0 2 2 2 0 0 4
Amount
 2 5 0 0 0

D. Full Name of Donor
Fredrick Wilson
Mailing Address of Donor
1305 Rollins Street
 City State Zip
Grand Blanc MI 48439

Date of Receipt
 M M D D Y Y Y Y
 1 0 2 4 2 0 0 4
Amount
 5 0 0 0 0

E. Full Name of Donor
Fredrick Wilson
Mailing Address of Donor
1305 Rollins St.
 City State Zip
Grand Blanc MI 48439

Date of Receipt
 M M D D Y Y Y Y
 0 8 2 2 2 0 0 4
Amount
 1 0 0 0 0

SUBTOTAL of Donations This Page (optional) ▶

1 8 5 0 0 0

TOTAL This Period (incl page 914 line number only) ▶
 (entry total from last page to Line B)

3 8 9 2 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

2025 RELEASE UNDER E.O. 14176

<p>A. Full Name of Donor Fredrick Wilson</p> <p>Mailing Address of Donor 1305 Rollins St.</p> <p>City State Zip Grand Blanc MI 48439</p>	<p>Date of Receipt 0 8 : 0 8 : 2 0 0 4 1 0 : 0 8 : 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Fredrick Wilson</p> <p>Mailing Address of Donor 1305 Rollins St.</p> <p>City State Zip Grand Blanc MI 48439</p>	<p>Date of Receipt 0 8 : 0 8 : 2 0 0 4 1 0 : 1 8 : 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 0 8 : 0 8 : 2 0 0 4 1 0 : 2 2 : 2 0 0 4</p> <p>Amount 5 0 0 0</p>
<p>D. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 0 8 : 0 8 : 2 0 0 4 1 0 : 2 5 : 2 0 0 4</p> <p>Amount 2 5 0 0</p>
<p>E. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 0 8 : 0 8 : 2 0 0 4 0 7 : 2 7 : 2 0 0 4</p> <p>Amount 5 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 6 2 5 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 3 8 9 8 7 5 0 0 (carry total from last page to Line 1)</p>	

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 06 01 2004</p> <p>Amount 2500</p>
<p>B. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 06 04 2004</p> <p>Amount 2500</p>
<p>C. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 06 04 2004</p> <p>Amount 2500</p>
<p>D. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 06 18 2004</p> <p>Amount 5000</p>
<p>E. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 06 22 2004</p> <p>Amount 5000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>17500</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>39005000</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Ronald Wise			Date of Receipt M O N T H : Y E A R 0 8 : 2 3 : 2 0 0 4	
Mailing Address of Donor 824 West Gurley St. Apt. 127			Amount 1 0 0 0 0	
City Prescott	State AZ	Zip 86305		
B. Full Name of Donor Ronald Wise			Date of Receipt M O N T H : Y E A R 0 8 : 2 6 : 2 0 0 4	
Mailing Address of Donor 824 West Gurley St. Apt. 127			Amount 5 0 0 0	
City Prescott	State AZ	Zip 86305		
C. Full Name of Donor Ronald Wise			Date of Receipt M O N T H : Y E A R 0 8 : 2 7 : 2 0 0 4	
Mailing Address of Donor 824 West Gurley St. Apt. 127			Amount 2 5 0 0	
City Prescott	State AZ	Zip 86305		
D. Full Name of Donor Ronald Wise			Date of Receipt M O N T H : Y E A R 0 8 : 3 0 : 2 0 0 4	
Mailing Address of Donor 824 West Gurley St. Apt. 127			Amount 5 0 0 0	
City Prescott	State AZ	Zip 86305		
E. Full Name of Donor Ronald Wise			Date of Receipt M O N T H : Y E A R 0 8 : 0 6 : 2 0 0 4	
Mailing Address of Donor 824 West Gurley St. Apt. 127			Amount 2 5 0 0	
City Prescott	State AZ	Zip 86305		
SUBTOTAL of Donations This Page (optional)			2 5 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 8)			3 9 0 3 0 0 0 0	

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 09 12 2004</p> <p>Amount 2500</p>
<p>B. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 09 21 2004</p> <p>Amount 1000</p>
<p>C. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 09 29 2004</p> <p>Amount 1000</p>
<p>D. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 1000</p>
<p>E. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 500</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 3750</p>	
<p>TOTAL This Period (last page this line number only) ▶ 39057500 (copy total from last page to L119 9)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Ronald Wise			Date of Receipt M O D Y Y Y 1 0 0 8 2 0 0 4	
Mailing Address of Donor 824 West Gurley St. Apt. 127			Amount 5 0 0 0	
City	State	Zip		
Prescott	AZ	86305		
B. Full Name of Donor Ronald Wise			Date of Receipt M O D Y Y Y 1 0 0 8 2 0 0 4	
Mailing Address of Donor 824 West Gurley St. Apt. 127			Amount 5 0 0 0	
City	State	Zip		
Prescott	AZ	86305		
C. Full Name of Donor Taras Wolansky			Date of Receipt M O D Y Y Y 1 0 2 5 2 0 0 4	
Mailing Address of Donor 400 Willow Tree Rd.			Amount 2 5 0 0 0	
City	State	Zip		
Leonia	NJ	07605		
D. Full Name of Donor Samuel Wolgemuth			Date of Receipt M O D Y Y Y 1 0 2 5 2 0 0 4	
Mailing Address of Donor 23 Oakbrook Drive			Amount 5 0 0 0 0	
City	State	Zip		
Coto de Caza	CA	92679		
E. Full Name of Donor Samuel Wolgemuth			Date of Receipt M O D Y Y Y 0 8 2 0 2 0 0 4	
Mailing Address of Donor 23 Oakbrook Drive			Amount 5 0 0 0 0	
City	State	Zip		
Coto de Caza	CA	92679		

SUBTOTAL of Donations This Page (optional)	1 3 5 0 0 0
TOTAL This Period (last page this form number only) (carry total from last page to Line 9)	3 9 2 0 2 5 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Douglas Wood

Mailing Address of Donor
18610 Barbuda

City State Zip
Houston TX 77058

Date of Receipt
M Y P D Y Y Y
1 0 2 2 2 0 0 4

Amount
5 0 0 0 0

B. Full Name of Donor
Douglas Wood

Mailing Address of Donor
18610 Barbuda

City State Zip
Houston TX 77058

Date of Receipt
M Y P D Y Y Y
0 8 0 8 2 0 0 4

Amount
1 0 0 0 0

C. Full Name of Donor
Douglas Wood

Mailing Address of Donor
18610 Barbuda

City State Zip
Houston TX 77058

Date of Receipt
M Y P D Y Y Y
0 8 2 8 2 0 0 4

Amount
1 0 0 0 0

D. Full Name of Donor
Douglas Wood

Mailing Address of Donor
18610 Barbuda

City State Zip
Houston TX 77058

Date of Receipt
M Y P D Y Y Y
0 8 3 0 2 0 0 4

Amount
2 5 0 0 0

E. Full Name of Donor
Douglas Wood

Mailing Address of Donor
18610 Barbuda

City State Zip
Houston TX 77058

Date of Receipt
M Y P D Y Y Y
0 8 1 5 2 0 0 4

Amount
2 5 0 0 0

SUBTOTAL of Donations This Page (optional) ▶

1 2 0 0 0 0

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

3 9 3 2 2 5 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor David Young</p> <p>Mailing Address of Donor 3225 Sierra Ct. Sw</p> <p>City State Zip Issaquah WA 98027</p>	<p>Date of Receipt 1 0 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Pierluigi Zappacosta</p> <p>Mailing Address of Donor 98 Faxon Road</p> <p>City State Zip Atherton CA 94027</p>	<p>Date of Receipt 1 0 2 2 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor Pierluigi Zappacosta</p> <p>Mailing Address of Donor 98 Faxon Road</p> <p>City State Zip Atherton CA 94027</p>	<p>Date of Receipt 0 8 2 2 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>D. Full Name of Donor Pierluigi Zappacosta</p> <p>Mailing Address of Donor 98 Faxon Road</p> <p>City State Zip Atherton CA 94027</p>	<p>Date of Receipt 1 0 1 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor Peter Zieve</p> <p>Mailing Address of Donor 4606 107th St SW</p> <p>City State Zip Mukilteo WA 98275</p>	<p>Date of Receipt 1 0 2 3 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>3 9 7 5 7 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Jamie Zissis

Mailing Address of Donor
6080 Shiloh Ridge Road

City State Zip
Santa Rosa CA 95403

Date of Receipt
M M D D Y Y Y Y
1 0 2 5 2 0 0 4

Amount
2 5 0 0 0 0

B. Full Name of Donor
Doug Zych

Mailing Address of Donor
172 Field Point Road

City State Zip
Greenwich CT 06830

Date of Receipt
M M D D Y Y Y Y
1 0 2 5 2 0 0 4

Amount
2 5 0 0 0 0

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt
M M D D Y Y Y Y

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt
M M D D Y Y Y Y

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt
M M D D Y Y Y Y

Amount

SUBTOTAL of Donations This Page (optional)	2 7 5 0 0 0
TOTAL This Period (last page this line number only)	4 0 0 3 2 5 0 0
(carry total from last page to Line 9)	

FORM 990 (REV. 03-08-09)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Chris LaCivita Consulting			Date of Disbursement or Obligation 09 28 2004	
Mailing Address of Payee 13604 Timberlake Court			Amount 3,333.00	
City Midlothian	State VA	Zip Code 23311	Communication Date 10 05 2004	
Name of Employer Occupation				

Purpose of Disbursement (including title(s) of communication(s))

Media Copywriting & Production

Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District:	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought	State District:	Disbursement/Obligation For
Name of Federal Candidate	Office Sought	State District:	Disbursement/Obligation For

B. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services			Date of Disbursement or Obligation 10 28 2004	
Mailing Address of Payee 600 Fairmount Avenue, Suite 306			Amount 3,284.88	
City Towson	State MD	Zip Code 21286	Communication Date 10 27 2004	
Name of Employer Occupation				

Purpose of Disbursement (including title(s) of communication(s))

Media Commission

Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District:	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought	State District:	Disbursement/Obligation For
Name of Federal Candidate	Office Sought	State District:	Disbursement/Obligation For

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

3 3 1 8 3 1 8 2

TOTAL This Period (Use page this line number only) ▶
 (carry total from last page to Line 10)

3 3 1 8 3 1 8 2

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KDKA-TV				Date of Disbursement or Obligation M N Y . M D Y . M D Y . 1 0 2 8 . 2 0 0 4					
Mailing Address of Payee One Gateway Center				Amount , 1 2 3 , 7 8 1 , 2 5					
City Pittsburgh		State PA		Zip Code 15222		Communication Date M N Y . M D Y . M D Y . 1 0 2 7 . 2 0 0 4			
Name of Employer		Occupation		Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
B. Full Name (Last, First, Middle Initial) of Payee WPGH-TV				Date of Disbursement or Obligation M N Y . M D Y . M D Y . 1 0 2 8 . 2 0 0 4					
Mailing Address of Payee 750 Ivory Avenue				Amount , 6 4 , 2 0 0 , 0 0					
City Pittsburgh		State PA		Zip Code 15214		Communication Date M N Y . M D Y . M D Y . 1 0 2 7 . 2 0 0 4			
Name of Employer		Occupation		Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
SUBTOTAL of Disbursements/Obligations This Page (optional) ➤						1 8 8 0 4 1 2 5			
TOTAL This Period (last page this size number only) ➤ (carry total from last page to Line 10)						5 1 9 8 7 3 0 7			

2008-01-01 10:22:43 AM 24038621182

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WPXI-TV				Date of Disbursement or Obligation Y 4 / M 1 / D 1 2 0 0 8 2 0 0 4					
Mailing Address of Payee 11 Television Hill				Amount , 2 1 0 8 0 0 0					
City Pittsburgh		State PA		Zip Code 15214		Communication Date Y 1 / M 0 / D 2 2 0 0 7 2 0 0 4			
Name of Employer _____				Occupation _____					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy									
Name of Federal Candidate John F. Kerry		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State District: _____		Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State District: _____		Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State District: _____		Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
B. Full Name (Last, First, Middle Initial) of Payee WTAE-TV				Date of Disbursement or Obligation Y 1 / M 0 / D 2 2 0 0 8 2 0 0 4					
Mailing Address of Payee 400 Ardmore Blvd.				Amount , 1 2 6 3 1 0 0 0					
City Pittsburgh		State PA		Zip Code 15221		Communication Date Y 1 / M 0 / D 2 2 0 0 7 2 0 0 4			
Name of Employer _____				Occupation _____					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy									
Name of Federal Candidate John F. Kerry		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State District: _____		Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State District: _____		Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State District: _____		Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶						1 4 7 3 9 0 0 0			
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 14)						6 6 7 2 6 3 0 7			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WBRE-TV				Date of Disbursement or Obligation M M Y Y M M 1 0 2 6 2 0 0 4			
Mailing Address of Payee 62 South Franklin Street				Amount , 1 0 8 , 7 5 7 . 5 0			
City Wilkes Barre		State PA		Zip Code 18701		Communication Date M M Y Y M M 1 0 2 7 2 0 0 4	
Name of Employer Occupation				Purpose of Disbursement (including title(s) of communication(s)) Media Buy			
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee WNEP-TV				Date of Disbursement or Obligation M M Y Y M M 1 0 2 6 2 0 0 4			
Mailing Address of Payee 16 Montage Mountain Road				Amount , 1 2 2 , 6 5 5 . 0 0			
City Moosic		State PA		Zip Code 18507		Communication Date M M Y Y M M 1 0 2 7 2 0 0 4	
Name of Employer Occupation				Purpose of Disbursement (including title(s) of communication(s)) Media Buy			
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)						2 3 1 4 1 2 5 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)						8 9 8 6 7 5 5 7	

Form 9-B (Rev. 02/2003)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WOLF-TV				Date of Disbursement or Obligation M O Y 2 0 0 4 1 0 2 6 2 0 0 4			
Mailing Address of Payee 1181 Highway 315				Amount 1 7 3 4 0 0 0			
City Plains		State PA		Zip Code 18702		Communication Date M O Y 2 0 0 4 1 0 2 7 2 0 0 4	
Name of Employer _____				Occupation _____			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State _____ District _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State _____ District _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State _____ District _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee WYOU-TV				Date of Disbursement or Obligation M O Y 2 0 0 4 1 0 2 8 2 0 0 4			
Mailing Address of Payee 409 Lackawanna Avenue				Amount 1 0 8 0 7 7 5 0			
City Scranton		State PA		Zip Code 18503		Communication Date M O Y 2 0 0 4 1 0 2 7 2 0 0 4	
Name of Employer _____				Occupation _____			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State _____ District _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State _____ District _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State _____ District _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶						1 2 5 4 1 7 5 0	
TOTAL This Period (last page this form number only) ▶ (carry total from last page to Line 10)						1 0 2 4 0 9 3 0 7	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WATN-TV				Date of Disbursement or Obligation Y 0 2 0 0 4 M 0 2 6			
Mailing Address of Payee 1450 Scalp Avenue				Amount 4,862.00			
City Johnstown	State PA	Zip Code 15904		Communication Date Y 0 2 0 0 4 M 0 2 7			
Name of Employer _____				Occupation _____			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
B. Full Name (Last, First, Middle Initial) of Payee WJAC-TV				Date of Disbursement or Obligation Y 0 2 0 0 4 M 0 2 6			
Mailing Address of Payee 49 Old Hickory Lane				Amount 3,990.75			
City Johnstown	State PA	Zip Code 15905		Communication Date Y 0 2 0 0 4 M 0 2 7			
Name of Employer _____				Occupation _____			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				4,476.95			
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 13)				10,688.62			

2004-03-27 10:22:11 AM

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WTAJ-TV				Date of Disbursement or Obligation 1 0 2 6 2 0 0 4	
Mailing Address of Payee 5000 6th Avenue				Amount , 4 0, 5 9 7, 5 0	
City	State	Zip Code		Continuation Date	
Atlanta	PA	16602		1 0 2 7 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
John F. Kerry	<input checked="" type="checkbox"/>	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
		<input checked="" type="checkbox"/> President			<input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
	<input type="checkbox"/>	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
	<input type="checkbox"/>	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee WWCP-TV				Date of Disbursement or Obligation 1 0 2 6 2 0 0 4	
Mailing Address of Payee 1450 Scalp Avenue				Amount , 4 5 9 0, 0 0	
City	State	Zip Code		Continuation Date	
Johnstown	PA	15904		1 0 2 7 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
John F. Kerry	<input checked="" type="checkbox"/>	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
		<input checked="" type="checkbox"/> President			<input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
	<input type="checkbox"/>	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
	<input type="checkbox"/>	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)				5 4 1 8 7 5 0	
TOTAL This Period (last page this line transfer only) (carry total from last page to Line 10)				1 1 2 3 0 5 0 0 7	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WFXP-TV				Date of Disbursement or Obligation 1 0 2 5 2 0 0 4			
Mailing Address of Payee 8455 Peach Street				Amount 5,525.00			
City Erie	State PA	Zip Code 16509		Communication Date 1 0 2 7 2 0 0 4			
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
B. Full Name (Last, First, Middle Initial) of Payee WICU-TV				Date of Disbursement or Obligation 1 0 2 5 2 0 0 4			
Mailing Address of Payee 3514 State Street				Amount 3,264.00			
City Erie	State PA	Zip Code 16509		Communication Date 1 0 2 7 2 0 0 4			
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
SUBTOTAL of Disbursements/Obligations This Page (optional)				3,816.50			
TOTAL This Period (last page the line number only) (carry total from last page to line 10)				1,161,215.07			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WJET-TV				Date of Disbursement or Obligation 1 0 2 6 2 0 0 4	
Mailing Address of Payee 8455 Peach Street				Amount 1 6,4 2 2,0 0	
City Erie		State PA	Zip Code 16509		Communication Date 1 0 2 7 2 0 0 4
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
B. Full Name (Last, First, Middle Initial) of Payee WSEE-TV				Date of Disbursement or Obligation 1 0 2 6 2 0 0 4	
Mailing Address of Payee 1220 Peach Street				Amount 3 0,6 7 7,5 0	
City Erie		State PA	Zip Code 16501		Communication Date 1 0 2 7 2 0 0 4
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				5 3 0 9 9 5 0	
TOTAL This Period (last page this line number only) (carry total from last page to line 13) ▶				1 2 1 4 3 1 4 5 7	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle initial) of Payee KYW-TV			Date of Disbursement or Obligation 1 0 2 8 2 0 0 4	
Mailing Address of Payee 101 South Independence Mall East			Amount 5 5 1,4 8 0.0 0	
City Philadelphia	State PA	Zip Code 19106	Communication Date 1 0 2 7 2 0 0 4	
Name of Employer Occupation				

Purpose of Disbursement (including title(s) of communication(s))

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

B. Full Name (Last, First, Middle initial) of Payee WPSG-TV			Date of Disbursement or Obligation 1 0 2 6 2 0 0 4	
Mailing Address of Payee 101 South Independence Mall East			Amount 1,1 0 5.0 0	
City Philadelphia	State PA	Zip Code 19106	Communication Date 1 0 2 7 2 0 0 4	
Name of Employer Occupation				

Purpose of Disbursement (including title(s) of communication(s))

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

5 5 2 5 8 5 0 0

TOTAL This Period (Just page line number only) ▶
(carry total from last page to line 11)

1 7 6 6 8 9 9 5 7

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WPVI-TV			Date of Disbursement or Obligation M B L G Y Y I 1 0 2 6 2 0 4			
Mailing Address of Payee 4100 City Line Avenue			Amount 1 9, 6 0 0. 0 0			
City	State	Zip Code	Communication Date M B L G Y Y I 1 0 2 7 2 0 4			
Philadelphia	PA	19131				
Name of Employer	Occupation					

Purpose of Disbursement (including date(s) or communication(s))

Media Buy

Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
John F. Kerry	<input type="checkbox"/>	Senate	District:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		<input checked="" type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶	

B. Full Name (Last, First, Middle Initial) of Payee WCAU-TV			Date of Disbursement or Obligation M B L G Y Y I 1 0 2 6 2 0 4			
Mailing Address of Payee 10 Monument Road			Amount 4 0 4, 6 8 5. 0 0			
City	State	Zip Code	Communication Date M B L G Y Y I 1 0 2 7 2 0 4			
Bala Cynwyd	PA	19004				
Name of Employer	Occupation					

Purpose of Disbursement (including title(s) of candidate(s))

Media Buy

Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
John F. Kerry	<input type="checkbox"/>	Senate	District:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		<input checked="" type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶	

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

4 1 8 2 8 5 0 0

TOTAL This Period (last page this line number only) ... (carry total from last page to Line 10) ▶

2 1 8 5 1 8 4 5 7

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WPHL-TV			Date of Disbursement or Obligation 1 0 / 2 6 / 2 0 0 4	
Mailing Address of Payee 5001 Wynnefield Avenue			Amount 2 5 3 3 0 0 0	
City Philadelphia	State PA	Zip Code 19131	Communication Date 1 0 / 2 7 / 2 0 0 4	
Name of Employer			Occupation	

Purpose of Disbursement (including title(s) of communication(s))

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee WTFX-TV			Date of Disbursement or Obligation 1 0 / 2 6 / 2 0 0 4	
Mailing Address of Payee 330 Market Street			Amount 1 8 9 6 4 3 5 0	
City Philadelphia	State PA	Zip Code 19106	Communication Date 1 0 / 2 7 / 2 0 0 4	
Name of Employer			Occupation	

Purpose of Disbursement (including title(s) of communication(s))

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursements/Obligations This Page (optional)	2 1 4 9 7 3 5 0
TOTAL This Period (last page this line number only)	2 4 0 0 1 5 8 0 7
(carry total from last page to Line 10)	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Stevens Reed Curcio & Potholm			Date of Disbursement or Obligation M O D Y Y Y 1 0 2 7 2 0 0 4	
Mailing Address of Payee 305 Cameron Street			Amount 2 0, 5 5 5, 0 0	
City Alexandria	State VA	Zip Code 22314	Communication Date M O D Y Y Y 1 0 2 7 2 0 0 4	
Name of Employer Occupation				

Purpose of Disbursement (including title(s) of communication(s))

Media Production

Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation M O D Y Y Y	
Mailing Address of Payee			Amount	
City	State	Zip Code	Communication Date M O D Y Y Y	
Name of Employer Occupation				

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	2 0 5 5 5, 0 0
TOTAL This Period (last page this line number only) (carry total from last page to line 10) ▶	2 4 2 0 7, 1 3 0 7

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed. Exp.</i>	Shipping Date <i>11-12-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMH</i> PREPARER (5/2004)	<i>11-18-04</i> DATE PREPARED

2004-11-18 10:05:23 AM EST