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

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

FAX

Personal & Confidential

Date 10/20/04

Number of Pages 19 (including cover)

TO: FEC

FROM: Stan de Waal

Company:

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

Phone

Fax Phone 202-219-0174

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

Unless otherwise indicated, the information in this transmittal is confidential and intended only for the recipient listed above. If you are not the intended recipient or a person responsible for delivering this transmittal to the intended recipient, you are hereby notified that any distribution or copying of this transmittal is prohibited. If you have received this transmittal in error, please call us immediately.

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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

(a) Name
Save American Medicine

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

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

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number
C C00000000

3. Is This Statement ☐ New or ☒ Amended

4. Covering Period 10 / 01 / 2004 through 10 / 15 / 2004

5. (a) Date of Public Distribution(s) 10 / 18 / 2004 **(b) Communication Title** Save American Medicine

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

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

8. Custodian of Records

(a) Name
Stanley R. de Waal

(b) Address (number and street)
175 South Main Street, Suite 650

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

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

(e) Occupation

9. Total Donations This Statement 1000200.00

10. Total Disbursements/Obligations This Statement 574204.10

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Stanley R. de Waal

SIGNATURE Stanley R. de Waal DATE 10/20/2004

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

FESAN038

FEC FORM 9 (REV. 01/03)

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Jack Byrne
Mailing Address of Donor
10942 Lostwood

City	State	Zip
Sandy	UT	84092-

Date of Receipt: 10 / 06 / 2004
Amount: 500000.00
Transaction ID : 1014200455C1

B. Full Name of Donor
Patrick Byrne
Mailing Address of Donor
10942 Lostwood

City	State	Zip
Sandy	UT	84092-

Date of Receipt: 10 / 06 / 2004
Amount: 500000.00
Transaction ID : 1014200455C2

C. Full Name of Donor
Chuck Warren
Mailing Address of Donor
634 Duck Creek Circle

City	State	Zip
Salt Lake City	UT	84107-

Date of Receipt: 10 / 04 / 2004
Amount: 200.00
Transaction ID : 1014200455C3

SUBTOTAL of Donations This Page (optional)	1000200.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	1000200.00

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
WVAH-TV

Mailing Address of Payee
attn: Joe Evans 11 Broadcast Plaza

City: Huntington | State: WV | Zip Code: 25526-

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 12 / 2004

Amount: 881.75

Communication Date: MM / DD / YYYY

Transaction ID: 10142004455E1

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

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

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

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

B. Full Name (Last, First, Middle Initial) of Payee
WRAL

Mailing Address of Payee
2619 Western Blvd.

City: Raleigh | State: NC | Zip Code: 27606-2125

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 12 / 2004

Amount: 11687.50

Communication Date: MM / DD / YYYY

Transaction ID: 10142004455E2

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

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

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 12569.25

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

FEC FORM 9 (REV. 02/2003)

FE9AN026

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
WSOC

Mailing Address of Payee
1901 N Tryon STreet

City: Charlotte | State: NC | Zip Code: 28206-

Name of Employer | Occupation

Date of Disbursement or Obligation: M M 10 / D D 12 / Y Y Y Y 2004

Amount: 10540.00

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 1014200455E3

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

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

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

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

B. Full Name (Last, First, Middle Initial) of Payee
NCC

Mailing Address of Payee
National Cable Communications 350 Indiana Street, Suite 630

City: Golden | State: CO | Zip Code: 80401-

Name of Employer | Occupation

Date of Disbursement or Obligation: M M 10 / D D 12 / Y Y Y Y 2004

Amount: 332971.35

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 1014200455E4

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

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

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 343511.35

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
WCHS-TV

Date of Disbursement or Obligation: M M 10 / D D 12 / Y Y Y Y 2004

Mailing Address of Payee
Attn: Joe Evans 1301 Piedmont Road

Amount: 6693.75

City: Charleston | State: WV | Zip Code: 25301-

Communication Date: M M / D D / Y Y Y Y

Name of Employer | Occupation

Transaction ID: 1014200455E5

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

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

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

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

B. Full Name (Last, First, Middle Initial) of Payee
KMTR-TV

Date of Disbursement or Obligation: M M 10 / D D 12 / Y Y Y Y 2004

Mailing Address of Payee
Attn: Yvonne Vallecillo 1550 Moffett Street

Amount: 10846.00

City: Salinas | State: CA | Zip Code: 93905-

Communication Date: M M / D D / Y Y Y Y

Name of Employer | Occupation

Transaction ID: 1014200455E6

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

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

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 17539.75

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
KEZI-TV

Mailing Address of Payee
2975 Chad Drive

City | State: OR | Zip Code: 97408-

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 12 / YYYY 2004

Amount: 20816.75

Communication Date: MM / DD / YYYY

Transaction ID : 1014200455E7

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

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

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

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

B. Full Name (Last, First, Middle Initial) of Payee
KOLO-TV

Mailing Address of Payee
4650 Ampere Drive

City: Reno | State: NV | Zip Code: 89502-

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 12 / YYYY 2004

Amount: 5355.00

Communication Date: MM / DD / YYYY

Transaction ID : 1014200455E8

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

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

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 25971.75

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
KTNV-TV

Mailing Address of Payee
Attn: Roz Smith 3355 S. Valley View Blvd.

City	State	Zip Code
Las Vegas	NV	89102-

Name of Employer | Occupation

Date of Disbursement or Obligation: M M 10 / D D 12 / Y Y Y Y 2004

Amount: 7620.00

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 1014200455E9

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

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

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

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

B. Full Name (Last, First, Middle Initial) of Payee
WCNC-TV

Mailing Address of Payee
Attn: Joe Barcalo 1001 Wood Ridge Center Drive

City	State	Zip Code
Charlotte	NC	28217-1901

Name of Employer | Occupation

Date of Disbursement or Obligation: M M 10 / D D 12 / Y Y Y Y 2004

Amount: 5525.00

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 1014200455E10

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

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

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 13345.00

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
KGW-TV

Mailing Address of Payee
Attn: Mark Handwerger 1501 SW Jefferson STreet

City | State | Zip Code
OR | 97201-

Name of Employer | Occupation

Date of Disbursement or Obligation: M M 10 / D D 12 / Y Y Y Y 2004

Amount: 8988.75

Communication Date: M M / D D / Y Y Y Y

Transaction ID : 1014200455E11

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

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

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

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

B. Full Name (Last, First, Middle Initial) of Payee
KLAS-TV

Mailing Address of Payee
Attn: Tamara Chase 9228 Channel 8 Drive

City: Las Vegas | State: NV | Zip Code: 89109-

Name of Employer | Occupation

Date of Disbursement or Obligation: M M 10 / D D 12 / Y Y Y Y 2004

Amount: 14875.00

Communication Date: M M / D D / Y Y Y Y

Transaction ID : 1014200455E12

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

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

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 23863.75

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
United Media

Mailing Address of Payee
7373 W. Lake Mead Blvd. #100

City: Las Vegas | State: NV | Zip Code: 89126-

Name of Employer | Occupation

Date of Disbursement or Obligation: M 10 / D 15 / Y 2004

Amount: 3000.00

Communication Date: M / D / Y

Transaction ID : 1015200429E17

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

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

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

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

B. Full Name (Last, First, Middle Initial) of Payee
Image and Design

Mailing Address of Payee
7473 West Lake Mead Blvd. #100

City: Las Vegas | State: NV | Zip Code: 89126-

Name of Employer | Occupation

Date of Disbursement or Obligation: M 10 / D 15 / Y 2004

Amount: 4912.00

Communication Date: M / D / Y

Transaction ID : 1015200429E18

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

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

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 7912.00

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
WMUR

Mailing Address of Payee
Attn: Jeff Kuhn 100 S. Commercial Street

City: Manchester | State: NH | Zip Code: 03101-

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 15 / YYYY 2004

Amount: 13345.00

Communication Date: MM / DD / YYYY

Transaction ID: 1015200429E19

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

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

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

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

B. Full Name (Last, First, Middle Initial) of Payee
KRNV

Mailing Address of Payee
Attn: Accounts Receivable 1790 Vassar Street

City: Reno | State: NV | Zip Code: 89502-

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 15 / YYYY 2004

Amount: 13196.25

Communication Date: MM / DD / YYYY

Transaction ID: 1015200429E20

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

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

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 26541.25

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
KVBC

Mailing Address of Payee
Attn: Accounts Receivable 1500 Foremaster Lane

City: Las Vegas | State: NV | Zip Code: 89101-

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 15 / 2004

Amount: 51765.00

Communication Date: / /

Transaction ID: 1015200429E21

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

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

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

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

B. Full Name (Last, First, Middle Initial) of Payee
KATU

Mailing Address of Payee
2153 NE Sandy Blvd.

City | State: OR | Zip Code: 97232-

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 15 / 2004

Amount: 11453.75

Communication Date: / /

Transaction ID: 1015200429E22

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

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

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 63218.75

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
Comcast Spotlight

Mailing Address of Payee
1165 E. Wilmington Ave. Suite 30

City: Salt Lake City | State: UT | Zip Code: 84106-

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 15 / YYYY 2004

Amount: 2975.00

Communication Date: MM / DD / YYYY

Transaction ID: 1015200429E23

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

Name of Federal Candidate: John Edwards | Office Sought: Vice President | House / Senate / President | State: | District:

Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate | Office Sought: House / Senate / President | State: | District:

Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate | Office Sought: House / Senate / President | State: | District:

Disbursement/Obligation For: Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
KOLO-ABC

Mailing Address of Payee
Attn: Accounts Receivable 4850 Ampere Drive

City: Reno | State: NV | Zip Code: 89502-

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 14 / YYYY 2004

Amount: 10561.25

Communication Date: MM / DD / YYYY

Transaction ID: 1014200455E13

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

Name of Federal Candidate: John Edwards | Office Sought: Vice President | House / Senate / President | State: | District:

Disbursement/Obligation For: 2004 Primary / [x] General / Other (specify)

Name of Federal Candidate | Office Sought: House / Senate / President | State: | District:

Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate | Office Sought: House / Senate / President | State: | District:

Disbursement/Obligation For: Primary / General / Other (specify)

SUBTOTAL of Disbursement/Obligation This Page (optional) 13536.25

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
KPTV-FOX

Mailing Address of Payee
Attn: Greg Flock 14975 NW Greenbriar Pky

City | State: OR | Zip Code: 97006-

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 14 / 2004

Amount: 6840.00

Communication Date: M M / D D / Y Y Y Y

Transaction ID : 10142004SE16

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

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

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

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

B. Full Name (Last, First, Middle Initial) of Payee
KTVH-CBS

Mailing Address of Payee
Attn: Sharon Farque 4925 Energy WAy

City: Reno | State: NV | Zip Code: 89502-

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 14 / 2004

Amount: 6797.50

Communication Date: M M / D D / Y Y Y Y

Transaction ID : 10142004SE14

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

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

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 17637.50

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

FEC FORM 9 (REV. 02/2003)

FE3AN03F

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
WOWK-CBS

Mailing Address of Payee
Attn: Lisa McGuffey 555 Fifth Avenue

City: Huntington | State: WV | Zip Code: 25701-

Name of Employer | Occupation

Date of Disbursement or Obligation: M M 10 / D D 14 / Y Y Y Y 2004

Amount: 8457.50

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 1014200455E15

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

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

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 8457.50

TOTAL This Period (last page this line number only) 574204.10
(carry total from last page to line 10)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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N/A PREPARER	N/A DATE PREPARED

(5/2004)