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: THE INTEGRITY FUND

(b) Address (number and street) ☐ check if different than previously reported: P.O. BOX 24316

(c) City, State and ZIP Code: NEW ORLEANS, LA 70184

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number: C20193795 3

3. Is This Statement ✓ New or Amended

4. Covering Period 12 04 2004 through 12 08 2004

5. (a) Date of Public Distribution(s) 12 07 2004 (b) Communication Title MEDIA PRODUCTION COSTS

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? 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: WILLIAM T. STOCKMANN

(b) Address (number and street): P.O. BOX 24316

(c) City, State and ZIP Code: NEW ORLEANS, LA 70184

(d) Name of Employer or Principal Place of Business: SELF-EMPLOYED

(e) Occupation: CONSULTING

9. Total Donations This Statement: 9500.00

10. Total Disbursements/Obligations This Statement: 13500.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: WILLIAM T. STOCKMANN

SIGNATURE: [signature] DATE: 12/8/04

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

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FEC Form 9 (REV. 03/2003)

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

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name
WILLIAM T. STOCKMANN
(b) Address (number and street)
P.O. BOX 24316
(c) City, State and ZIP Code
NEW ORLEANS, LA 70184
(d) Name of Employer or Principal Place of Business
SEP EMPLOYED
(e) Occupation
CONSULTANT

B. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business
(e) Occupation

C. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business
(e) Occupation

D. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business
(e) Occupation

E. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business
(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor: MICHAEL T. GRAY Mailing Address of Donor: P.O. BOX 6202 City: METAIRIE State: LA Zip: 70009	Date of Receipt: 12 06 2004 Amount: 9,500.00
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount

SUBTOTAL of Donations This Page (optional) ▶	9,500.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 9) ▶	9,500.00

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FEC FORM 3 (REV. 02/2003)

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: CASANOVA PRODUCTIONS, LLC
Mailing Address of Payee: 203 CARONDELET ST. SUITE 900
City: NEW ORLEANS State: LA Zip Code: 70130
Name of Employer: Occupation:
Date of Disbursement or Obligation: 12 07 2004
Amount: 13,500.00
Communication Date: 12 07 2004
Purpose of Disbursement (including title(s) of communication(s)): MEDIA PRODUCTION COSTS; IE-A-1104; IE-B-1104; IE-C-1104

Name of Federal Candidate: Billy Tauzin III
Office Sought: [X] House [ ] Senate [ ] President
State: LA District: 3RD
Disbursement/Obligation For: [ ] Primary [ ] General [X] Other (specify) ▶ RUNOFF

Name of Federal Candidate: Dr. Charles Boustany
Office Sought: [X] House [ ] Senate [ ] President
State: LA District: 7th
Disbursement/Obligation For: [ ] Primary [ ] General [X] Other (specify) ▶ RUNOFF

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
Mailing Address of Payee
City State Zip Code
Name of Employer Occupation
Date of Disbursement or Obligation
Amount
Communication Date
Purpose of Disbursement (including title(s) of communication(s))

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) ▶

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

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 13,500.00

TOTAL This Period (last page this line number only) ▶ 13,500.00
(carry total from last page to Line 10)

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

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☐ No Postmark	
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N/A PREPARER	N/A DATE PREPARED

(5/2004)