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)