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 / 16 / 2004 through 10 / 20 / 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 0.00

10. Total Disbursements/Obligations This Statement 224700.10

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 _____ 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.

FE3AN036

FEC FORM 9 (REV. 01/03)

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. 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 19 / Y Y Y Y 2004

Amount: 83262.60

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

Transaction ID : 1020200433E25

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)

B. 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: M M 10 / D D 20 / Y Y Y Y 2004

Amount: 50.00

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

Transaction ID : 1020200418E25

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

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

Disbursement/Obligation For: 2004 | [X] 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) 83312.60

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: M M 10 / D D 19 / Y Y Y Y 2004

Amount: 50.00

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

Transaction ID : 1020200433E24

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: 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
Chrisco Media Services

Mailing Address of Payee
3138 Matthahorn Drive

City: West Jordan | State: UT | Zip Code: 84084-

Name of Employer | Occupation

Date of Disbursement or Obligation: M M 10 / D D 20 / Y Y Y Y 2004

Amount: 105000.00

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

Transaction ID : 1020200416E29

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

Name of Federal Candidate: John Edwards
Office Sought: [ ] House [ ] Senate [ ] President — Vice President
State: District:
Disbursement/Obligation For: 2004 [X] 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) 105050.00

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
WFLA

Mailing Address of Payee
Attn: Mark Overstreet 200 S. Parker St., 4th Floor

City: Tampa | State: FL | Zip Code: 33606-

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 18 / 2004

Amount: 14875.00

Communication Date: MM / DD / YYYY

Transaction ID : 1020200433E26

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
WPTZ

Mailing Address of Payee
Attn: Chris Duley 5 Television Drive

City: Plattsburgh | State: NY | Zip Code: 12901-

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 20 / 2004

Amount: 21462.50

Communication Date: MM / DD / YYYY

Transaction ID : 1020200418E27

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

Name of Federal Candidate: John Edwards
Office Sought: [ ] House [ ] Senate [ ] President [x] Vice President
State: District:
Disbursement/Obligation For: 2004 [x] 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) 36337.50

TOTAL This Period (last page this line number only) 224700.10
(carry total from last page to line 10)

FEC FORM 9 (REV. 02/2003)

FE3AN038

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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N/A PREPARER	N/A DATE PREPARED

(5/2004)