

Americans United to Preserve Marriage

FAX COVER SHEET

TO: FEDERAL ELECTION COMMISSION

DATE: 10/29/04

FAX: (202) 219-0174

FROM: Debbie Black

NUMBER OF PAGES (including cover): 5

MESSAGE: REPORT ATTACHED

2800 Shirlington Rd., #930, Arlington, VA 22206
Phone: 703-671-8800 Fax: 703-671-8899

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: **AMERICANS UNITED TO PRESERVE MARRIAGE**

(b) Address (number and street) check if different than previously reported: **2800 SHIRLINGTON RD, #930**

(c) City, State and ZIP Code: **ARLINGTON, VA 22206**

(d) Name of Employer or Principal Place of Business: **N/A**

(e) Occupation: **N/A**

2. FEC Identification Number: **C**

3. Is This Statement New or Amended

4. Covering Period: **10 23 2004** through **10 28 2004**

5. (a) Date of Public Distribution(s): **10 28 2004** (b) Communication Title: **LIBERAL**

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: **GARY BAUER**

(b) Address (number and street): **2800 SHIRLINGTON ROAD, #930**

(c) City, State and ZIP Code: **ARLINGTON, VA 22206**

(d) Name of Employer or Principal Place of Business: **AMERICANS UNITED TO PRESERVE MARRIAGE**

(e) Occupation: **PRESIDENT**

9. Total Donations This Statement: **127,000.00**

10. Total Disbursements/Obligations This Statement: **0,000.00**

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

DORIS BLACK

SIGNATURE

Doris Black

DATE

10/28/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §4372.

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

| | |
|---|---|
| A. (a) Name GARY BAUER | |
| (b) Address (number and street) 2800 SHIRLINGTON ROAD, #930 | |
| (c) City, State and ZIP Code ARLINGTON, VA 22206 | |
| (d) Name of Employer or Principal Place of Business AMERICANS UNITED TO PRESERVE MARRIAGE | (e) Occupation PRESIDENT |
| B. (a) Name DORIS BLACK | |
| (b) Address (number and street) 2800 SHIRLINGTON ROAD, #930 | |
| (c) City, State and ZIP Code ARLINGTON, VA 22206 | |
| (d) Name of Employer or Principal Place of Business AMERICANS UNITED TO PRESERVE MARRIAGE | (e) Occupation TREAS/CONTROLLER |
| 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

| | |
|--|--|
| <p>A. Full Name of Donor DAVID WESTGRAVE</p> <p>Mailing Address of Donor 6101 NORTH SHORE DR</p> <p>City State Zip EAUCLAIRE WI 54703</p> | <p>Date of Receipt 10 14 2004</p> <p>Amount 1,000.00</p> |
| <p>B. Full Name of Donor MARK RIVER</p> <p>Mailing Address of Donor 22 WINDING CREEK WAY</p> <p>City State Zip ORMOND BEACH FL 32174</p> | <p>Date of Receipt 10 29 2004</p> <p>Amount 1,000.00</p> |
| <p>C. Full Name of Donor AUBREY MCCLENDON</p> <p>Mailing Address of Donor P.O. Box 18756</p> <p>City State Zip OKLAHOMA CITY OK 73154</p> | <p>Date of Receipt 10 29 2004</p> <p>Amount 125,000.00</p> |
| <p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p> | <p>Date of Receipt</p> <p>Amount</p> |
| <p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p> | <p>Date of Receipt</p> <p>Amount</p> |

| | |
|--|-------------------|
| SUBTOTAL of Donations This Page (add rows) | 127,000.00 |
| TOTAL This Period (add page to line number only) (carry total from last page to Line 9) | 127,000.00 |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | |
|---|---|--|---|
| A. Full Name (Last, First, Middle Initial) of Payee RED SEA LLC | | Date of Disbursement or Obligation 10 26 2004 | |
| Mailing Address of Payee 111 19TH ST, NW | | Amount 110,000.00 | |
| City WASHINGTON | State DC | Zip Code 20036 | Contribution Date 10 28 2004 |
| Name of Employer N/A | | Occupation N/A | |
| Purpose of Disbursement (including title(s) of communication(s)) MEDIA BUY - LIBERAL | | | |
| Name of Federal Candidate JOHN KERRY | Office Sought <input checked="" 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 | 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 | |
| Mailing Address of Payee | | Amount | |
| City | State | Zip Code | Contribution Date |
| Name of Employer | | Occupation | |
| Purpose of Disbursement (including title(s) of communication(s)) | | | |
| 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) |
| 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 (ignore) | | 110,000.00 | |
| TOTAL This Period (last page gets the number only) (carry total from last page to Line 10) | | 110,000.00 | |

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 |
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| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail | Delivery Confirmation™ Label <input type="checkbox"/> |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| <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 checked="" type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

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N/A
 PREPARER

N/A
 DATE PREPARED

(5/2004)