

Americans United to Preserve Marriage

FAX COVER SHEET

TO: Federal Election Commission

DATE: 9/27/04

FAX: 202-219-0174

FROM: DOEIE BLACK

NUMBER OF PAGES (including cover): 6

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) same as 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. Is This Statement New or Amended

3. Covering Period 09 09 2004 through 09 27 2004

4. (a) Date of Public Distribution(s) 09 27 2004 (b) Communication Title LIBERAL

5. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107? Yes No

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

7. Custodian of Records

(a) Name GARY L. BAUERZ

(b) Address (number and street)
2800 SHIRLINGTON RD, #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

8. Total Donations This Statement 550,000.00

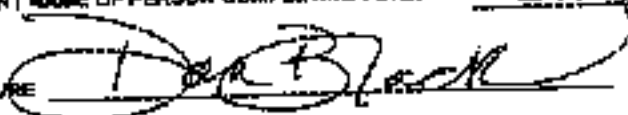
9. Total Disbursements/Obligations This Statement 496,630.00

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

DORIE BLACK

SIGNATURE



DATE

9/27/04

NOTE: Submission of false, fraudulent or misleading information may subject the person filing the statement to the penalties of 2 U.S.C. §4079

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 L. 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 DORIE 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 TREASURER/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

PAGE | OF |

<p>A. Full Name of Donor <u>TOM L. WARD</u></p> <p>Mailing Address of Donor <u>P.O. BOX 54525</u></p> <p>City State Zip <u>OKLAHOMA CITY OK 73154</u></p>	<p>Date of Receipt <u>09 08 2004</u></p> <p>Amount <u>250,000.00</u></p>
<p>B. Full Name of Donor <u>AUBREY MCCLENDON</u></p> <p>Mailing Address of Donor <u>P.O. BOX 18756</u></p> <p>City State Zip <u>OKLAHOMA CITY OK 73154</u></p>	<p>Date of Receipt <u>09 08 2004</u></p> <p>Amount <u>250,000.00</u></p>
<p>C. Full Name of Donor <u>LAWRENCE KADISH</u></p> <p>Mailing Address of Donor <u>135 JERICHO TURNPIKE</u></p> <p>City State Zip <u>OLD WESTBURY NY 11568</u></p>	<p>Date of Receipt <u>09 16 2004</u></p> <p>Amount <u>50,000.00</u></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>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p><u>550,000.00</u></p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p><u>550,000.00</u></p>

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 09 09 2004
Mailing Address of Payee 111 19TH ST, NW, SUITE 211		Amount 7500.00
City WASHINGTON, DC	State DC	Zip Code 20036
Name of Employer	Occupation	Communication Date 09 27 2004

Purpose of Disbursement (including title(s) of communication(s))

SURVEY DEPOSIT - LIBERAL

Name of Federal Candidate JOHN KERRY	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input 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 BASSWOOD RESEARCH		Date of Disbursement or Obligation 09 15 2004
Mailing Address of Payee 111 19TH STREET, NW, SUITE 211		Amount 9165.00
City WASHINGTON	State DC	Zip Code 20036
Name of Employer	Occupation	Communication Date

Purpose of Disbursement (including title(s) of communication(s))

COMPLETION OF SURVEY - LIBERAL

Name of Federal Candidate JOHN KERRY	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input 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) _____

SUBTOTAL of Disbursements/Obligations This Page (optional)	15,765.00
TOTAL This Period (add page this line number only) (carry total from last page to Line 10)	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <u>RED SEA LLC</u>				Date of Disbursement or Obligation <u>09 24 2004</u>	
Mailing Address of Payee <u>1111 19TH ST, NW, SUITE 2111</u>				Amount <u>479,965.00</u>	
City <u>WASHINGTON</u>		State <u>DC</u>	Zip Code <u>20036</u>		Communication Date <u>09 27 2004</u>
Name of Employer _____				Occupation _____	
Purpose of Disbursement (including date(s) of communication(s)) <u>PRODUCTION/MEDIA BUYS - LIBERAL</u>					
Name of Federal Candidate <u>JOHN KERRY</u>		Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input 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 <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 _____		Communication Date _____
Name of Employer _____				Occupation _____	
Purpose of Disbursement (including date(s) of communication(s)) _____					
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)				<u>479,965.00</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				<u>496,630.00</u>	

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
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked 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
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED

(5/2004)