

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

2004 DEC 18 A 11:25
ADD 1/10

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name
Swift Boat Vets and POW's for Truth

(b) Address (number and street) check if different than previously reported
P.O. Box 26184

(c) City, State and ZIP Code
Alexandria, VA 22313

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number
C

3. Is This Statement New or Amended

4. Covering Period

1	0	1	5	2	0	0	4
1	0	2	1	2	0	0	4

 through

5. (a) Date of Public Distribution(s)

1	0	2	2	2	0	0	4
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 (b) Communication Title Swift Boat Veterans for Truth and Truthing To Tell

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107 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
Weymouth D. Symmes

(b) Address (number and street)
P.O. Box 26184

(c) City, State and ZIP Code
Alexandria, VA 22313

(d) Name of Employer or Principal Place of Business
Retired

(e) Occupation
Retired

9. Total Donations This Statement 3,620,475.00

10. Total Disbursements/Obligations This Statement 3,415,971.45

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 Weymouth D. Symmes

SIGNATURE *Weymouth D. Symmes* DATE 11/17/2004

NOTE: Submission of false information or false information may subject the person signing this statement to the penalties of 2 U.S.C. 3437.

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

PAGE 2 OF 103

11. Person(s) Sharing/Exercising Control

A.	
(a) Name	Rear Admiral Roy Huffman, USN (Ret.)
(b) Address (number and street)	P.O. Box 26184
(c) City, State and ZIP Code	Alexandria, VA 22313
(d) Name of Employer or Principal Place of Business	(e) Occupation
Retired	Retired
B.	
(a) Name	John O'Neill
(b) Address (number and street)	P.O. Box 26184
(c) City, State and ZIP Code	Alexandria, VA 22313
(d) Name of Employer or Principal Place of Business	(e) Occupation
Clements O'Neill Pierce	Attorney
C.	
(a) Name	Alvin A. Hoira
(b) Address (number and street)	P.O. Box 26184
(c) City, State and ZIP Code	Alexandria, VA 22313
(d) Name of Employer or Principal Place of Business	(e) Occupation
Self Employed	Attorney
D.	
(a) Name	Weymouth D. Symmes
(b) Address (number and street)	P.O. Box 26184
(c) City, State and ZIP Code	Alexandria, VA 22313
(d) Name of Employer or Principal Place of Business	(e) Occupation
Retired	Retired
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 B-A
Donation(s) Received

<p>A. Full Name of Donor david addis</p> <p>Mailing Address of Donor 9716 arnon chapel rd</p> <p>City State Zip great falls VA 22066</p>	<p>Date of Receipt M M Y Y 1 0 1 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor david addis</p> <p>Mailing Address of Donor 9716 arnon chapel road</p> <p>City State Zip great falls VA 22066</p>	<p>Date of Receipt M M Y Y 0 8 2 7 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>C. Full Name of Donor david addis</p> <p>Mailing Address of Donor 9716 arnon chapel road</p> <p>City State Zip great falls VA 22066</p>	<p>Date of Receipt M M Y Y 1 0 0 4 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>D. Full Name of Donor William Augustin</p> <p>Mailing Address of Donor 516 N Military St</p> <p>City State Zip Loretto TN 38469</p>	<p>Date of Receipt M M Y Y 1 0 2 0 2 0 0 4</p> <p>Amount 2 0 0 0 0 0</p>
<p>E. Full Name of Donor John Barber</p> <p>Mailing Address of Donor 4905 Hackberry Lane</p> <p>City State Zip Parker TX 75002</p>	<p>Date of Receipt M M Y Y 1 0 1 8 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>4 2 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry over from last page to Line 5)</p>	<p>4 2 5 0 0 0</p>

SCHEDULE B-A

Donation(s) Received

A. Full Name of Donor Stanley H. Beck <hr/> Mailing Address of Donor 656 E. Hallandale Beach Bl <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">Zip</td> </tr> <tr> <td style="border: none;">Hallandale Beac</td> <td style="border: none;">FL</td> <td style="border: none;">33009</td> </tr> </table>	City	State	Zip	Hallandale Beac	FL	33009	Date of Receipt M M : D D - Y Y Y Y 1 0 : 1 2 - 2 0 0 4 <hr/> Amount 2 5 0 0 . 0 0
City	State	Zip					
Hallandale Beac	FL	33009					

B. Full Name of Donor Elizabet Beckman <hr/> Mailing Address of Donor 435 Cedar Ave S <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">Zip</td> </tr> <tr> <td style="border: none;">Ranton</td> <td style="border: none;">WA</td> <td style="border: none;">98055</td> </tr> </table>	City	State	Zip	Ranton	WA	98055	Date of Receipt M M : D D - Y Y Y Y 1 0 : 2 0 - 2 0 0 4 <hr/> Amount 1 0 0 0 . 0 0
City	State	Zip					
Ranton	WA	98055					

C. Full Name of Donor Lawrence Blatterein <hr/> Mailing Address of Donor 15 Walton Court <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">Zip</td> </tr> <tr> <td style="border: none;">Belle Mead</td> <td style="border: none;">NJ</td> <td style="border: none;">08502</td> </tr> </table>	City	State	Zip	Belle Mead	NJ	08502	Date of Receipt M M : D D - Y Y Y Y 1 0 : 1 5 - 2 0 0 4 <hr/> Amount 1 0 0 0 . 0 0
City	State	Zip					
Belle Mead	NJ	08502					

D. Full Name of Donor Kenneth Bohringer <hr/> Mailing Address of Donor 10 Kensington Road <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">Zip</td> </tr> <tr> <td style="border: none;">Ardsley</td> <td style="border: none;">NY</td> <td style="border: none;">10502</td> </tr> </table>	City	State	Zip	Ardsley	NY	10502	Date of Receipt M M : D D - Y Y Y Y 1 0 : 1 2 - 2 0 0 4 <hr/> Amount 2 5 0 0 . 0 0
City	State	Zip					
Ardsley	NY	10502					

E. Full Name of Donor Kenneth Bohringer <hr/> Mailing Address of Donor 10 Kensington Road <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">Zip</td> </tr> <tr> <td style="border: none;">Ardsley</td> <td style="border: none;">NY</td> <td style="border: none;">10502</td> </tr> </table>	City	State	Zip	Ardsley	NY	10502	Date of Receipt M M : D D - Y Y Y Y 0 5 : 2 1 - 2 0 0 4 <hr/> Amount 2 5 0 0 . 0 0
City	State	Zip					
Ardsley	NY	10502					

SUBTOTAL of Donations This Page (optional) ▶	5 0 0 0 . 0 0
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line B)	9 2 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
James Boldebook
Mailing Address of Donor
PO Box 1249
City State Zip
Venice FL 34284

Date of Receipt
08 08 2004
Amount
2,500.00

B. Full Name of Donor
James Boldebook
Mailing Address of Donor
PO Box 1249
City State Zip
Venice FL 34284

Date of Receipt
08 24 2004
Amount
2,500.00

C. Full Name of Donor
Greg Boll
Mailing Address of Donor
2720 Coach House Lane
City State Zip
Naples FL 34105

Date of Receipt
10 21 2004
Amount
5,000.00

D. Full Name of Donor
Greg Boll
Mailing Address of Donor
2720 Coach House Lane
City State Zip
Naples FL 34105

Date of Receipt
08 24 2004
Amount
5,000.00

E. Full Name of Donor
Charles Borquist
Mailing Address of Donor
1717 NW Gregory Dr
City State Zip
Vancouver WA 98665

Date of Receipt
10 20 2004
Amount
1,000.00

SUBTOTAL of Donations This Page (optional)	2,500.00
TOTAL This Period (last page this line number only) (carry total from last page to line 9)	13,100.00

2004-10-20 11:00:00 AM

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Mark Brenfleck

Mailing Address of Donor
6 Christopher Drive

City State Zip
Phila PA 19115

Date of Receipt
 10 15 2004

Amount
 1,000.00

B. Full Name of Donor
Greg Brown

Mailing Address of Donor
11921 Grandview

City State Zip
Columbus IN 47201

Date of Receipt
 10 15 2004

Amount
 500.00

C. Full Name of Donor
Walter Buckley

Mailing Address of Donor
1635 Country Rd

City State Zip
Bethlehem PA 18015

Date of Receipt
 10 20 2004

Amount
 1,000.00

D. Full Name of Donor
William Burchenal, Jr.

Mailing Address of Donor
10533 Big Canoe

City State Zip
Big Canoe GA 30143

Date of Receipt
 10 19 2004

Amount
 2,500.00

E. Full Name of Donor
Robert Burchfield

Mailing Address of Donor
881 Wilderness Lane

City State Zip
Greenwood IN 46142

Date of Receipt
 10 21 2004

Amount
 1,000.00

SUBTOTAL of Donations This Page (optional)	6,000.00
TOTAL This Period (last page this line number only)	19,100.00
(vary based from last page to Line 8)	

SCHEDULE 9-A
Donation(s) Received

PAGE 8 OF 108

A. Full Name of Donor Jackie Byerly Mailing Address of Donor 4966 Lapis Lane City State Zip Pleasanton CA 94566	Date of Receipt M O Y 1 0 1 9 2 0 0 4 Amount 5 0 0 0 0
B. Full Name of Donor Jackie Byerly Mailing Address of Donor 4966 Lapis Lane City State Zip Pleasanton CA 94566	Date of Receipt M O Y 0 8 2 0 2 0 0 4 Amount 5 0 0 0 0
C. Full Name of Donor Brett Byers Mailing Address of Donor 440 Davis Court, #1802 City State Zip San Francisco CA 94111	Date of Receipt M O Y 1 0 1 5 2 0 0 4 Amount 2 5 0 0 0
D. Full Name of Donor James Carlson Mailing Address of Donor 10334 151st Ave. SE City State Zip Renton WA 98059	Date of Receipt M O Y 0 8 2 8 2 0 0 4 Amount 3 0 0 0 0
E. Full Name of Donor James F. Carlson Mailing Address of Donor 10334 151st Ave SE City State Zip Renton WA 98059	Date of Receipt M O Y 1 0 1 5 2 0 0 4 Amount 5 0 0 0 0

SUBTOTAL of Donations This Page (optional) ▶

2 0 5 0 0 0

 TOTAL This Period (last page this line number only) ▶
 (carry total from last page to Line 9)

2 1 4 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor James F. Carlson			Date of Receipt 09 02 2004	
Mailing Address of Donor 10334 151st Ave SE			Amount 200.00	
City Renton	State WA	Zip 98059		

B. Full Name of Donor Leighton Causey			Date of Receipt 10 15 2004	
Mailing Address of Donor 100 Darden Dr			Amount 500.00	
City Poquoson	State VA	Zip 23662		

C. Full Name of Donor Leighton Causey			Date of Receipt 08 31 2004	
Mailing Address of Donor 100 Darden Dr.			Amount 500.00	
City Poquoson	State VA	Zip 23662		

D. Full Name of Donor James Chisholm			Date of Receipt 10 18 2004	
Mailing Address of Donor 8304 W. Parkland Ct.			Amount 500.00	
City Milwaukee	State WI	Zip 53223		

E. Full Name of Donor James Chisholm			Date of Receipt 08 27 2004	
Mailing Address of Donor 8304 W. Parkland Ct.			Amount 500.00	
City Milwaukee	State WI	Zip 53223		

SUBTOTAL of Donations This Page (colored)	2200.00
TOTAL This Period (last page this line number only) (carry over from last page to Line 9)	23350.00

SCHEDULE B-A
Donation(s) Received

FORM 990-B (REV. 03-2004)

A. Full Name of Donor Ashley Classen			Date of Receipt 10 15 2004	
Mailing Address of Donor PO Box 9290			Amount 5 0 0 0 0	
City Fort Worth	State TX	Zip 76147		
B. Full Name of Donor A M Clayton III			Date of Receipt 10 19 2004	
Mailing Address of Donor 14 Burwick			Amount 1 0 0 0 0 0	
City Sugar Land	State TX	Zip 77479		
C. Full Name of Donor A M Clayton III			Date of Receipt 09 22 2004	
Mailing Address of Donor 14 Burwick			Amount 1 0 0 0 0 0	
City Sugar Land	State TX	Zip 77479		
D. Full Name of Donor david clement			Date of Receipt 10 19 2004	
Mailing Address of Donor 7 charles street #3			Amount 5 0 0 0 0 0	
City new york	State NY	Zip 10014		
E. Full Name of Donor James Clyde			Date of Receipt 10 15 2004	
Mailing Address of Donor 481 Sunset Blvd			Amount 1 0 0 0 0 0	
City Mantoloking	State NJ	Zip 08738		
SUBTOTAL of Donations This Page (optional)			3 1 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to line 9)			2 6 4 5 0 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor howard cohen</p> <p>Mailing Address of Donor 10405 Sandringham Court</p> <p>City State Zip potomac MD 20854</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor Edward Collins</p> <p>Mailing Address of Donor 1220 Jones St. Apt. 5</p> <p>City State Zip San Francisco CA 94109</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Edward Collins</p> <p>Mailing Address of Donor 1220 Jones St. Apt 5</p> <p>City State Zip San Francisco CA 94109</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor L. Gordan Croft</p> <p>Mailing Address of Donor 7503 Club Rd</p> <p>City State Zip Towson MD 21204</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor James Crooks</p> <p>Mailing Address of Donor 4181 Riverview Run Ct.</p> <p>City State Zip Suwanee GA 30024</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 500.00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2,500.00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>2,895.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Walter Cunningham</p> <p>Mailing Address of Donor 252 S. Forestview Ct.</p> <p>City State Zip Wichita KS 67235</p>	<p>Date of Receipt 1 0 1 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Walter Cunningham</p> <p>Mailing Address of Donor 252 S. Forestview Ct.</p> <p>City State Zip Wichita KS 67235</p>	<p>Date of Receipt 1 0 1 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor DOUGLAS CURTISS</p> <p>Mailing Address of Donor 116 MAIN STREET</p> <p>City State Zip farmington CT 06032</p>	<p>Date of Receipt 1 0 1 7 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor DOUGLAS CURTISS</p> <p>Mailing Address of Donor 116 MAIN STREET</p> <p>City State Zip FARMINGTON CT 06032</p>	<p>Date of Receipt 1 0 1 7 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor Harry Dahlstrom</p> <p>Mailing Address of Donor 155 Wilson Street</p> <p>City State Zip Holliston MA 01746</p>	<p>Date of Receipt 1 0 1 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (personal) ▶</p>	<p>5 1 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>3 4 0 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

2008 Form 990-BL (REV. 12-17-07)

<p>A. Full Name of Donor Lon Deckard</p> <hr/> <p>Mailing Address of Donor 6725 Miralake Drive</p> <p>City State Zip Cincinnati OH 45243</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor Lon Deckard</p> <hr/> <p>Mailing Address of Donor 6725 Miralake Drive</p> <p>City State Zip Cincinnati OH 45243</p>	<p>Date of Receipt 08 27 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Lon Deckard</p> <hr/> <p>Mailing Address of Donor 6725 Miralake Drive</p> <p>City State Zip Cincinnati OH 45243</p>	<p>Date of Receipt 09 22 2004</p> <p>Amount 100.00</p>
<p>D. Full Name of Donor David deForrest</p> <hr/> <p>Mailing Address of Donor 1870 Cleveland Road</p> <p>City State Zip Miami Beach FL 33141</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 250.00</p>
<p>E. Full Name of Donor Michael DeSimone</p> <hr/> <p>Mailing Address of Donor 75 Village Road, Apt. #1</p> <p>City State Zip Woonsocket RI 02895</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 1000.00</p>
<p>SUBTOTAL of Donations This Page (optional) 2350.00</p>	
<p>TOTAL This Period (last page this line number only) 3640.00 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Steven Diehl			Date of Receipt NOV 10 2004	
Mailing Address of Donor 20311 Parkwood Court			Amount 500.00	
City Hagerstown	State MD	Zip 21742		
B. Full Name of Donor Steven Diehl			Date of Receipt NOV 10 2004	
Mailing Address of Donor 20311 Parkwood Court			Amount 500.00	
City Hagerstown	State MD	Zip 21742		
C. Full Name of Donor robert d dingeman			Date of Receipt NOV 10 2004	
Mailing Address of Donor 664 aspen hts drive			Amount 250.00	
City fairbanks	State AK	Zip 99712		
D. Full Name of Donor Richard A. Disarro			Date of Receipt NOV 10 2004	
Mailing Address of Donor PO Box 9149			Amount 1000.00	
City Schenectady	State NY	Zip 12309		
E. Full Name of Donor Richard A. Disarro			Date of Receipt NOV 05 2004	
Mailing Address of Donor PO Box 9149			Amount 500.00	
City Schenectady	State NY	Zip 12309		
SUBTOTAL of Donations This Page (optional)			2,750.00	
TOTAL This Period (last page this line number only) (carry total from last page to line 9)			3,915.00	

SCHEDULE 9-A
Donation(s) Received

FORM 990 (REV. 12-31-10)

<p>A. Full Name of Donor Greg Dodds</p> <p>Mailing Address of Donor 31 Whitcomb Drive</p> <p>City State Zip Grosse Pointe Farms MI 48236</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 1 0 - 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>B. Full Name of Donor John Doherty</p> <p>Mailing Address of Donor 21 Pinehurst St</p> <p>City State Zip Rosindale MA 02131</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 2 0 - 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>C. Full Name of Donor James Douglass</p> <p>Mailing Address of Donor 315 Old Mill Road</p> <p>City State Zip Pittsburgh PA 15238</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 1 0 - 2 0 0 4</p> <p>Amount 5 0 0 0 . 0 0</p>
<p>D. Full Name of Donor Frank Drake</p> <p>Mailing Address of Donor 1108 Hunt Ave</p> <p>City State Zip Lakeland FL 33801</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 2 0 - 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>E. Full Name of Donor David Drinan</p> <p>Mailing Address of Donor 38 Frew Terrace</p> <p>City State Zip Enfield CT 06082</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 1 0 - 2 0 0 4</p> <p>Amount 5 0 0 0 . 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ➔ 4 0 0 0 . 0 0</p>	
<p>TOTAL This Period (last page this line number only) ➔ 4 3 1 5 0 0 0</p> <p>(carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Brian Duncan</p> <p>Mailing Address of Donor 2332 Evergreen St.</p> <p>City State Zip Pampa TX 79065</p>	<p>Date of Receipt M D Y Y Y Y 1 0 1 8 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Brian Duncan</p> <p>Mailing Address of Donor 2332 Evergreen St.</p> <p>City State Zip Pampa TX 79065</p>	<p>Date of Receipt M D Y Y Y Y 0 5 2 0 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor Brian Duncan</p> <p>Mailing Address of Donor 2332 Evergreen St.</p> <p>City State Zip Pampa TX 79065</p>	<p>Date of Receipt M D Y Y Y Y 0 9 0 9 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>D. Full Name of Donor Brian Duncan</p> <p>Mailing Address of Donor 2332 Evergreen St.</p> <p>City State Zip Pampa TX 79065</p>	<p>Date of Receipt M D Y Y Y Y 0 9 2 1 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>E. Full Name of Donor Brian Duncan</p> <p>Mailing Address of Donor 2332 Evergreen St.</p> <p>City State Zip Pampa TX 79065</p>	<p>Date of Receipt M D Y Y Y Y 1 0 0 5 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1 1 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>4 4 2 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

2004-03-25 09:02:00 2004-03-25 09:02:00

A. Full Name of Donor Michael Dunmire <hr/> Mailing Address of Donor 15610 NE 173rd St <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><small>City</small></td> <td style="width: 33%;"><small>State</small></td> <td style="width: 33%;"><small>Zip</small></td> </tr> <tr> <td>Woodinville</td> <td>WA</td> <td>98072</td> </tr> </table>	<small>City</small>	<small>State</small>	<small>Zip</small>	Woodinville	WA	98072	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><small>Date of Receipt</small></td> </tr> <tr> <td style="text-align: center;">1 0 1 8 2 0 0 4</td> </tr> <tr> <td style="text-align: center;"><small>Amount</small></td> </tr> <tr> <td style="text-align: center;">1 0 0 0 0 0</td> </tr> </table>	<small>Date of Receipt</small>	1 0 1 8 2 0 0 4	<small>Amount</small>	1 0 0 0 0 0
<small>City</small>	<small>State</small>	<small>Zip</small>									
Woodinville	WA	98072									
<small>Date of Receipt</small>											
1 0 1 8 2 0 0 4											
<small>Amount</small>											
1 0 0 0 0 0											
B. Full Name of Donor Charles N. Eckert <hr/> Mailing Address of Donor 1248 Continental Ave <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><small>City</small></td> <td style="width: 33%;"><small>State</small></td> <td style="width: 33%;"><small>Zip</small></td> </tr> <tr> <td>Melbourne</td> <td>FL</td> <td>32940</td> </tr> </table>	<small>City</small>	<small>State</small>	<small>Zip</small>	Melbourne	FL	32940	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><small>Date of Receipt</small></td> </tr> <tr> <td style="text-align: center;">1 0 1 8 2 0 0 4</td> </tr> <tr> <td style="text-align: center;"><small>Amount</small></td> </tr> <tr> <td style="text-align: center;">5 0 0 0 0 0</td> </tr> </table>	<small>Date of Receipt</small>	1 0 1 8 2 0 0 4	<small>Amount</small>	5 0 0 0 0 0
<small>City</small>	<small>State</small>	<small>Zip</small>									
Melbourne	FL	32940									
<small>Date of Receipt</small>											
1 0 1 8 2 0 0 4											
<small>Amount</small>											
5 0 0 0 0 0											
C. Full Name of Donor Dave Erickson <hr/> Mailing Address of Donor 2027 Narrows View Cr NW, E-141 <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><small>City</small></td> <td style="width: 33%;"><small>State</small></td> <td style="width: 33%;"><small>Zip</small></td> </tr> <tr> <td>Gig Harbor</td> <td>WA</td> <td>98335</td> </tr> </table>	<small>City</small>	<small>State</small>	<small>Zip</small>	Gig Harbor	WA	98335	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><small>Date of Receipt</small></td> </tr> <tr> <td style="text-align: center;">1 0 1 9 2 0 0 4</td> </tr> <tr> <td style="text-align: center;"><small>Amount</small></td> </tr> <tr> <td style="text-align: center;">1 0 0 0 0 0</td> </tr> </table>	<small>Date of Receipt</small>	1 0 1 9 2 0 0 4	<small>Amount</small>	1 0 0 0 0 0
<small>City</small>	<small>State</small>	<small>Zip</small>									
Gig Harbor	WA	98335									
<small>Date of Receipt</small>											
1 0 1 9 2 0 0 4											
<small>Amount</small>											
1 0 0 0 0 0											
D. Full Name of Donor Katherine Ernst <hr/> Mailing Address of Donor 4500 Viejo Road <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><small>City</small></td> <td style="width: 33%;"><small>State</small></td> <td style="width: 33%;"><small>Zip</small></td> </tr> <tr> <td>Carmel</td> <td>CA</td> <td>93923</td> </tr> </table>	<small>City</small>	<small>State</small>	<small>Zip</small>	Carmel	CA	93923	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><small>Date of Receipt</small></td> </tr> <tr> <td style="text-align: center;">1 0 2 1 2 0 0 4</td> </tr> <tr> <td style="text-align: center;"><small>Amount</small></td> </tr> <tr> <td style="text-align: center;">5 0 0 0 0 0</td> </tr> </table>	<small>Date of Receipt</small>	1 0 2 1 2 0 0 4	<small>Amount</small>	5 0 0 0 0 0
<small>City</small>	<small>State</small>	<small>Zip</small>									
Carmel	CA	93923									
<small>Date of Receipt</small>											
1 0 2 1 2 0 0 4											
<small>Amount</small>											
5 0 0 0 0 0											
E. Full Name of Donor Jason Falk <hr/> Mailing Address of Donor 1300 E GATLIN CREEK <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><small>City</small></td> <td style="width: 33%;"><small>State</small></td> <td style="width: 33%;"><small>Zip</small></td> </tr> <tr> <td>Driftwood</td> <td>TX</td> <td>78619</td> </tr> </table>	<small>City</small>	<small>State</small>	<small>Zip</small>	Driftwood	TX	78619	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><small>Date of Receipt</small></td> </tr> <tr> <td style="text-align: center;">1 0 1 8 2 0 0 4</td> </tr> <tr> <td style="text-align: center;"><small>Amount</small></td> </tr> <tr> <td style="text-align: center;">5 0 0 0 0 0</td> </tr> </table>	<small>Date of Receipt</small>	1 0 1 8 2 0 0 4	<small>Amount</small>	5 0 0 0 0 0
<small>City</small>	<small>State</small>	<small>Zip</small>									
Driftwood	TX	78619									
<small>Date of Receipt</small>											
1 0 1 8 2 0 0 4											
<small>Amount</small>											
5 0 0 0 0 0											
SUBTOTAL of Donations This Page (optional) ▶	3 5 0 0 0 0										
TOTAL This Period (last page this line number only) ▶ <small>(carry total from last page to Line 9)</small>	4 7 7 5 0 0 0										

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Jason Falk</p> <p>Mailing Address of Donor 1300 E GATLIN CREEK</p> <p>City State Zip Driftwood TX 78619</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 60000</p>
<p>B. Full Name of Donor Thomas Farrier</p> <p>Mailing Address of Donor 3749 Hollow Creek Road</p> <p>City State Zip Fort Worth TX 76001</p>	<p>Date of Receipt 10 17 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Thomas Farrier</p> <p>Mailing Address of Donor 3749 Hollow Creek Road</p> <p>City State Zip Arlington TX 76001</p>	<p>Date of Receipt 08 19 2004</p> <p>Amount 5000</p>
<p>D. Full Name of Donor Thomas Farrier</p> <p>Mailing Address of Donor 3749 Hollow Creek Road</p> <p>City State Zip Arlington TX 76001</p>	<p>Date of Receipt 08 09 2004</p> <p>Amount 5000</p>
<p>E. Full Name of Donor Michael Fedak</p> <p>Mailing Address of Donor 655 Park Avenue</p> <p>City State Zip New York NY 10021</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 250000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>410000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>5185000</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Pamala Ferron			Date of Receipt 1 0 1 6 2 0 0 4	
Mailing Address of Donor 4725 Marlborough Way			Amount 1 0 0 0 0 0	
City	State	Zip		
Carmichael	CA	95608		
B. Full Name of Donor JAMES FINEFROCK			Date of Receipt 0 8 0 8 2 0 0 4	
Mailing Address of Donor PO BOX 4208			Amount 5 0 0 0 0 0	
City	State	Zip		
DAYTON	OH	45401		
C. Full Name of Donor JAMES L FINEFROCK			Date of Receipt 0 8 0 7 2 0 0 4	
Mailing Address of Donor PO BOX 4208			Amount 1 0 0 0 0 0	
City	State	Zip		
DAYTON	OH	45401		
D. Full Name of Donor JAMES L FINEFROCK			Date of Receipt 0 8 1 8 2 0 0 4	
Mailing Address of Donor PO BOX 4208			Amount 1 0 0 0 0 0	
City	State	Zip		
DAYTON	OH	45401		
E. Full Name of Donor JAMES L. FINEFROCK			Date of Receipt 1 0 1 8 2 0 0 4	
Mailing Address of Donor PO BOX 4208			Amount 5 0 0 0 0 0	
City	State	Zip		
Dayton	OH	45401		
SUBTOTAL of Donations This Page (optional)			2 2 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			5 4 0 5 0 0 0	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor richard fuisz			Date of Receipt M M Y Y Y Y 1 0 1 9 2 0 0 4	
Mailing Address of Donor 1127 langley lane			Amount 2 5 0 0 0	
City mclean	State VA	Zip 22101		
B. Full Name of Donor Joseph Furlong			Date of Receipt M M Y Y Y Y 1 0 1 8 2 0 0 4	
Mailing Address of Donor 5759 Diamond Point Circle			Amount 5 0 0 0 0	
City El Paso	State TX	Zip 79912		
C. Full Name of Donor Joseph Furlong			Date of Receipt M M Y Y Y Y 0 8 0 7 2 0 0 4	
Mailing Address of Donor 5759 Diamond Point Circle			Amount 2 5 0 0 0	
City El Paso	State TX	Zip 79912		
D. Full Name of Donor Joseph Furlong			Date of Receipt M M Y Y Y Y 0 8 2 3 2 0 0 4	
Mailing Address of Donor 5759 Diamond Point Circle			Amount 5 0 0 0 0	
City El Paso	State TX	Zip 79912		
E. Full Name of Donor RAGNVALD GABRIELSEN			Date of Receipt M M Y Y Y Y 1 0 1 8 2 0 0 4	
Mailing Address of Donor 8727 Pasture View			Amount 5 0 0 0 0	
City Houston	State TX	Zip 77024		
SUBTOTAL of Donations This Page (optional)			2 0 0 0 0 0	
TOTAL This Period (last page lists line number only) (carry total from last page to Line 5)			5 6 0 5 0 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Jan Garmany</p> <p>Mailing Address of Donor 2520 Quarry Road #206</p> <p>City State Zip Austin TX 78703</p>	<p>Date of Receipt Y M D Y 0 8 1 0 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>B. Full Name of Donor Jan Garmany</p> <p>Mailing Address of Donor 2520 Quarry Road #206</p> <p>City State Zip Austin TX 78703</p>	<p>Date of Receipt Y M D Y 0 8 3 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Mike Gerawan</p> <p>Mailing Address of Donor 21249 E. Jefferson</p> <p>City State Zip Reedley CA 93654</p>	<p>Date of Receipt Y M D Y 1 0 1 5 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor Mike Gerawan</p> <p>Mailing Address of Donor 21249 E. Jefferson</p> <p>City State Zip Reedley CA 93654</p>	<p>Date of Receipt Y M D Y 1 0 1 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Mike Gerawan</p> <p>Mailing Address of Donor 21249 E. Jefferson</p> <p>City State Zip Reedley CA 93654</p>	<p>Date of Receipt Y M D Y 1 0 1 8 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>4 6 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 5)</p>	<p>6 5 1 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Mike Gerawan

Mailing Address of Donor
21249 E. Jefferson

City State Zip
Reedley CA 93654

Date of Receipt
M Y P D M Y Y Y
1 0 1 5 2 0 0 4

Amount
2 5 0 0 0 0

B. Full Name of Donor
Jane Gilday

Mailing Address of Donor
3232 McKinney Ave, 15th Fl

City State Zip
Dallas TX 75204

Date of Receipt
M Y P D M Y Y Y
1 0 1 0 2 0 0 4

Amount
5 0 0 0 0 0

C. Full Name of Donor
Jane Gilday

Mailing Address of Donor
3232 McKinney Ave, 15th Fl

City State Zip
Dallas TX 75204

Date of Receipt
M Y P D M Y Y Y
0 0 0 1 2 0 0 4

Amount
5 0 0 0 0 0

D. Full Name of Donor
Gary Goedecke

Mailing Address of Donor
128 - 224th Street SE

City State Zip
Bothell WA 98021

Date of Receipt
M Y P D M Y Y Y
1 0 1 5 2 0 0 4

Amount
2 5 0 0 0 0

E. Full Name of Donor
Gary Goedecke

Mailing Address of Donor
128 - 224th Street SE

City State Zip
Bothell WA 98021

Date of Receipt
M Y P D M Y Y Y
1 0 2 1 2 0 0 4

Amount
2 5 0 0 0 0

SUBTOTAL of Donations This Page (optional)

4 0 0 0 0 0

TOTAL This Period (last page this line number only)
(carry total from last page to Line 9)

6 9 1 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Gary Goedecke</p> <p>Mailing Address of Donor 128 - 224th Street SE</p> <p>City State Zip Bothell WA 98021</p>	<p>Date of Receipt 08 05 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Gary Goedecke</p> <p>Mailing Address of Donor 128 - 224th Street SE</p> <p>City State Zip Bothell WA 98021</p>	<p>Date of Receipt 08 11 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Gary Goedecke</p> <p>Mailing Address of Donor 128 - 224th Street SE</p> <p>City State Zip Bothell WA 98021</p>	<p>Date of Receipt 08 26 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Gary Goedecke</p> <p>Mailing Address of Donor 128 - 224th Street SE</p> <p>City State Zip Bothell WA 98021</p>	<p>Date of Receipt 08 28 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor jeffrey golding</p> <p>Mailing Address of Donor po box 78708</p> <p>City State Zip charlotte NC 28277</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>150000</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>7065000</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor James Graves			Date of Receipt 10 18 2004	
Mailing Address of Donor 3913 Centenary			Amount 0 0 0 0 0	
City Dallas	State TX	Zip 75225		

B. Full Name of Donor SONIA GRINBERG			Date of Receipt 10 18 2004	
Mailing Address of Donor 101 CENTRAL PARK WEST			Amount 2 5 0 0 0	
City NEW YORK	State NY	Zip 10023		

C. Full Name of Donor SONIA GRINBERG			Date of Receipt 08 22 2004	
Mailing Address of Donor 101 CENTRAL PARK WEST			Amount 2 5 0 0 0	
City NEW YORK	State NY	Zip 10023		

D. Full Name of Donor SONIA GRINBERG			Date of Receipt 08 09 2004	
Mailing Address of Donor 101 CENTRAL PARK WEST			Amount 5 0 0 0 0	
City NEW YORK	State NY	Zip 10023		

E. Full Name of Donor Bill Gross			Date of Receipt 10 19 2004	
Mailing Address of Donor 125 Mansion Road			Amount 5 0 0 0 0	
City Elverson	State PA	Zip 19520		

SUBTOTAL of Donations This Page (optional) ▶	2 0 0 0 0 0
TOTAL This Period (last page this line number only) ▶ (carry over from last page to Line 9)	7 4 1 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Richard Guillot

Mailing Address of Donor
71107 Highway 21, Suite#3

City State Zip
Covington LA 70433

Date of Receipt
M M Y Y
1 0 1 9 2 0 0 4

Amount
2 5 0 0 0

B. Full Name of Donor
Richard Guillot

Mailing Address of Donor
71107 Highway 21, Suite #3

City State Zip
Covington LA 70433

Date of Receipt
M M Y Y
0 8 2 0 2 0 0 4

Amount
2 5 0 0 0

C. Full Name of Donor
Richard Guillot

Mailing Address of Donor
71107 Highway 21, Ste.#3

City State Zip
Covington LA 70433

Date of Receipt
M M Y Y
0 8 2 0 2 0 0 4

Amount
5 0 0 0 0

D. Full Name of Donor
Tom Gumprecht

Mailing Address of Donor
7445 S.E. 71st St

City State Zip
Mercer Island WA 98040

Date of Receipt
M M Y Y
1 0 1 9 2 0 0 4

Amount
2 5 0 0 0

E. Full Name of Donor
Arlene Hallman

Mailing Address of Donor
258 Stable Gate Drive

City State Zip
Campobello SC 29322

Date of Receipt
M M Y Y
1 0 1 9 2 0 0 4

Amount
1 0 0 0 0 0

SUBTOTAL of Donations This Page (optional)	2 2 5 0 0 0
TOTAL This Period (last page this line number only)	7 6 4 0 0 0 0
(carry total from last page to Line 9)	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Norman Hancock</p> <p>Mailing Address of Donor 2133 Red Leaf Court</p> <p>City State Zip Gambrills MD 21054</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 250.00</p>
<p>B. Full Name of Donor Norman Hancock</p> <p>Mailing Address of Donor 2133 Red Leaf Court</p> <p>City State Zip Gambrills MD 21054</p>	<p>Date of Receipt 05 24 2004</p> <p>Amount 250.00</p>
<p>C. Full Name of Donor Norman Hancock</p> <p>Mailing Address of Donor 2133 Red Leaf Court</p> <p>City State Zip Gambrills MD 21054</p>	<p>Date of Receipt 05 09 2004</p> <p>Amount 250.00</p>
<p>D. Full Name of Donor NORMAN HANCOCK</p> <p>Mailing Address of Donor 2133 RED LEAF COURT</p> <p>City State Zip GAMBRILLS MD 21054</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 250.00</p>
<p>E. Full Name of Donor Steve Hargis</p> <p>Mailing Address of Donor PO Box 1407</p> <p>City State Zip Hereford TX 79045</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 1000.00</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2000.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>7840.00</p>

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor Mike Harrington			Date of Receipt M M Y Y 1 0 1 9 2 0 0 4		
Mailing Address of Donor 108 Oakwood Place			Amount 2 5 0 0 0		
City Lynchburg	State VA	Zip 24503			
B. Full Name of Donor Hale Harrison			Date of Receipt M M Y Y 1 0 1 5 2 0 0 4		
Mailing Address of Donor 1522 Teal Drive PO Box 1112			Amount 1 0 0 0 0 0		
City Ocean City	State MD	Zip 21843			
C. Full Name of Donor Joanne Hart			Date of Receipt M M Y Y 1 0 1 5 2 0 0 4		
Mailing Address of Donor 600 Columbus Avenue, Apt 12J			Amount 1 0 0 0 0		
City New York	State NY	Zip 10024			
D. Full Name of Donor Joanne Hart			Date of Receipt M M Y Y 1 0 1 8 2 0 0 4		
Mailing Address of Donor 600 Columbus Avenue 12J			Amount 2 5 0 0 0		
City New York	State NY	Zip 10024			
E. Full Name of Donor Gordon Hartunian			Date of Receipt M M Y Y 1 0 1 5 2 0 0 4		
Mailing Address of Donor 5081 Commerce Rd			Amount 1 0 0 0 0 0		
City Orchard Lake	State MI	Zip 48324			
SUBTOTAL of Donations This Page (optional)			2 6 0 0 0 0		
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			8 1 0 0 0 0 0		

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Edward Hatfield			Date of Receipt 10 18 2004 Amount 25000	
Mailing Address of Donor 4905 Burley Hills				
City Cincinnati	State OH	Zip 45243		
B. Full Name of Donor Frank Hawkins			Date of Receipt 10 18 2004 Amount 100000	
Mailing Address of Donor 204 Ocean Drive				
City Tavernier	State FL	Zip 33070		
C. Full Name of Donor Michael Hayes			Date of Receipt 08 27 2004 Amount 50000	
Mailing Address of Donor 14 Parman Place				
City San Antonio	State TX	Zip 78230		
D. Full Name of Donor Mike Hayes			Date of Receipt 10 19 2004 Amount 50000	
Mailing Address of Donor 14 Parman Place				
City San Antonio	State TX	Zip 78230		
E. Full Name of Donor William J. Hayes			Date of Receipt 10 18 2004 Amount 100000	
Mailing Address of Donor PO Box 25				
City West Barnstable	State MA	Zip 02668		

SUBTOTAL of Donations This Page (optional)	325000
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	8425000

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
MARK HEALY

Mailing Address of Donor
207 BLACKJACK OAK

City State Zip
SAN ANTONIO TX 78230

Date of Receipt
M O Y Y
1 0 2 0 2 0 0 4

Amount
1 0 0 0 0 0

B. Full Name of Donor
Kay Hedeem

Mailing Address of Donor
218 North 14th Avenue

City State Zip
Sturgeon Bay WI 54235

Date of Receipt
M O Y Y
1 0 1 5 2 0 0 4

Amount
5 0 0 0 0 0

C. Full Name of Donor
jeremy heisler

Mailing Address of Donor
112 madison avenue

City State Zip
new york city NY 10016

Date of Receipt
M O Y Y
1 0 1 9 2 0 0 4

Amount
2 5 0 0 0 0

D. Full Name of Donor
jeremy heisler

Mailing Address of Donor
112 madison avenue

City State Zip
new york city NY 10016

Date of Receipt
M O Y Y
0 8 2 0 2 0 0 4

Amount
2 5 0 0 0 0

E. Full Name of Donor
jeremy heisler

Mailing Address of Donor
112 madison avenue

City State Zip
new york city NY 10016

Date of Receipt
M O Y Y
0 8 0 1 2 0 0 4

Amount
2 5 0 0 0 0

SUBTOTAL of Donations This Page (optional) **2 2 5 0 0 0**

TOTAL This Period (last page this line number only) **8 5 5 0 0 0**
(carry total from last page to Line 9)

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor jeremy heisler</p> <p>Mailing Address of Donor 112 madison avenue</p> <p>City State Zip new york city NY 10016</p>	<p>Date of Receipt 0 9 0 9 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Jeffrey Held</p> <p>Mailing Address of Donor 4119 Evergreen Dr</p> <p>City State Zip Fairfax VA 22032</p>	<p>Date of Receipt 1 0 1 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Jeffrey Held</p> <p>Mailing Address of Donor 4119 Evergreen Drive</p> <p>City State Zip Fairfax VA 22032</p>	<p>Date of Receipt 0 8 2 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Sam Hertogs</p> <p>Mailing Address of Donor 1350 S Frontage Rd</p> <p>City State Zip Hastings MN 55033</p>	<p>Date of Receipt 1 0 1 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Jeffrey Hill</p> <p>Mailing Address of Donor 104 Reagan Ct</p> <p>City State Zip Ventura CA 93003</p>	<p>Date of Receipt 1 0 1 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 7 5 0 0 0</p>
<p>TOTAL This Period (omit page this line number only)</p> <p>(carry total from last page to Line B)</p>	<p>8 9 2 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Roy Hinman II</p> <p>Mailing Address of Donor 1099 A1A S.</p> <p>City State Zip St. Augustine FL 32080</p>	<p>Date of Receipt 1 0 1 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Richard Hinson</p> <p>Mailing Address of Donor 250 Arreton Rd</p> <p>City State Zip Princeton NJ 08540</p>	<p>Date of Receipt 1 0 1 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Ron Holley</p> <p>Mailing Address of Donor 3807 Acworth Due West Rd NW</p> <p>City State Zip Acworth GA 30101</p>	<p>Date of Receipt 1 0 1 5 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>D. Full Name of Donor Ron Holley</p> <p>Mailing Address of Donor 3807 Alworth Due West Rd</p> <p>City State Zip Acworth GA 30101</p>	<p>Date of Receipt 0 9 0 2 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>E. Full Name of Donor Ron Holley</p> <p>Mailing Address of Donor 3807 Alworth Due W. Rd.</p> <p>City State Zip Acworth GA 30101</p>	<p>Date of Receipt 0 9 1 7 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>9 2 2 5 0 0 0</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor David P. Holloway</p> <p>Mailing Address of Donor 1301 N Pope Lick Rd</p> <p>City State Zip Louisville KY 40299</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Thomas Holmes</p> <p>Mailing Address of Donor 612 Juan Anasco Dr</p> <p>City State Zip Longboat Key FL 34228</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor David Hopkins</p> <p>Mailing Address of Donor PO Box 4345</p> <p>City State Zip Saint Augustine FL 32085</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor john huarte</p> <p>Mailing Address of Donor 8829 south priest</p> <p>City State Zip tempe AZ 85284</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Michael Hughes</p> <p>Mailing Address of Donor 1082 Governor Bridge Road</p> <p>City State Zip Davidsonville MD 21035</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>1 4 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1 0 8 2 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Michael Hughes</p> <p>Mailing Address of Donor 1082 Governor Bridge Road</p> <p>City State Zip Davidsonville MD 21035</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor bill hunnicutt</p> <p>Mailing Address of Donor 110 e. 59th st.</p> <p>City State Zip new york NY 10022</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 250.00</p>
<p>C. Full Name of Donor Bill Hunnicutt</p> <p>Mailing Address of Donor 110 E. 59th Street, 32 Fl</p> <p>City State Zip New York NY 10022</p>	<p>Date of Receipt 08 07 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Bill Hunnicutt</p> <p>Mailing Address of Donor 110 E. 59th street, 32 fl</p> <p>City State Zip New York NY 10022</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 250.00</p>
<p>E. Full Name of Donor Paul Isaac</p> <p>Mailing Address of Donor 75 Prospect Avenue</p> <p>City State Zip Larchmont NM 10538</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1000.00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2,500.00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>10,875.00</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Frank Jackson			Date of Receipt 1 0 1 6 2 0 0 4	
Mailing Address of Donor 1460 Raven Hill Rd			Amount 5 0 0 0 0	
City Mechanicsburg	State PA	Zip 17055		

B. Full Name of Donor Howard Jaeckel			Date of Receipt 1 0 1 9 2 0 0 4	
Mailing Address of Donor 420 East 72nd Street			Amount 2 5 0 0 0	
City New York	State NY	Zip 10021		

C. Full Name of Donor Howard Jaeckel			Date of Receipt 0 9 0 9 2 0 0 4	
Mailing Address of Donor 420 East 72nd Street			Amount 5 0 0 0 0	
City New York	State NY	Zip 10021		

D. Full Name of Donor Howard Jaeckel			Date of Receipt 1 0 0 7 2 0 0 4	
Mailing Address of Donor 420 East 72nd Street			Amount 2 5 0 0 0	
City New York	State NY	Zip 10021		

E. Full Name of Donor Johnette Jarvis			Date of Receipt 0 9 1 3 2 0 0 4	
Mailing Address of Donor 9207 County Rd. E			Amount 2 5 0 0 0	
City Stinnett	State TX	Zip 79083		

SUBTOTAL of Donations This Page (optional)			1,750.00	
TOTAL This Period (entire page this line number only)			1,105.00	
(carry total from last page to Line 5)				

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Johnette Jarvis
 Mailing Address of Donor
9207 County Rd. E
 City State Zip
Stinnett TX 79083

Date of Receipt
 10 04 2004
 Amount
 25000

B. Full Name of Donor
Jon Jarvis
 Mailing Address of Donor
9207 County Rd. E
 City State Zip
Stinnett TX 79083

Date of Receipt
 10 19 2004
 Amount
 50000

C. Full Name of Donor
Christopher Johnson
 Mailing Address of Donor
834 5th Avenue
 City State Zip
New York NY 10021

Date of Receipt
 10 18 2004
 Amount
 1000000

D. Full Name of Donor
Raymond Johnson
 Mailing Address of Donor
340 Marcia Dr.
 City State Zip
Luling LA 70070

Date of Receipt
 10 18 2004
 Amount
 1000000

E. Full Name of Donor
Thomas H Johnson
 Mailing Address of Donor
PO Box 421549
 City State Zip
Atlanta GA 30342

Date of Receipt
 10 15 2004
 Amount
 500000

SUBTOTAL of Donations This Page (optional) ▶

325000

TOTAL This Period (last page this line number only) ▶
 (carry total from last page to Line 9)

11375000

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Harvey Karp

Mailing Address of Donor
P.O.Box 30

City State Zip
East Hampton NY 11937

Date of Receipt
 1 0 1 6 2 0 0 4

Amount
 1 0 0 0 0 0

B. Full Name of Donor
Curtis Katz

Mailing Address of Donor
29 Barstow Rd, Ste 202

City State Zip
Great Neck NY 11021

Date of Receipt
 1 0 1 8 2 0 0 4

Amount
 1 0 0 0 0 0

C. Full Name of Donor
R. O. Keams

Mailing Address of Donor
2540 Del Lago Dr

City State Zip
Fort Lauderdale FL 33316

Date of Receipt
 1 0 2 0 2 0 0 4

Amount
 1 0 0 0 0 0

D. Full Name of Donor
Joseph Keely

Mailing Address of Donor
PO Box 528

City State Zip
Lutherville Timonium MD 21094

Date of Receipt
 1 0 1 5 2 0 0 4

Amount
 2 0 0 0 0 0

E. Full Name of Donor
Rodger B. King

Mailing Address of Donor
PO Box 1008

City State Zip
Tampa FL 33601

Date of Receipt
 1 0 1 6 2 0 0 4

Amount
 1 0 0 0 0 0

SUBTOTAL of Donations This Page (optional)	6 0 0 0 0 0
TOTAL This Period (last page this line number only)	1 1 9 7 5 0 0 0
<small>(carry total from last page to Line 9)</small>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor William King			Date of Receipt 10 19 2004		
Mailing Address of Donor 6260 Cherokee Way			Amount 5 0 0 0 0		
City	State	Zip			
Suwanee	GA	30024			

B. Full Name of Donor norman krischer			Date of Receipt 10 20 2004		
Mailing Address of Donor 151 highlandave			Amount 2 5 0 0 0 0		
City	State	Zip			
montclair	NJ	07042			

C. Full Name of Donor norman krischer			Date of Receipt 10 20 2004		
Mailing Address of Donor 151 highland ave			Amount 2 5 0 0 0 0		
City	State	Zip			
montclair	NJ	07042			

D. Full Name of Donor Larry Lady			Date of Receipt 10 19 2004		
Mailing Address of Donor 5625 Jonamac PL #1B			Amount 2 5 0 0 0 0		
City	State	Zip			
Roanoke	VA	24019			

E. Full Name of Donor Larry Lady			Date of Receipt 08 21 2004		
Mailing Address of Donor 5625 Jonamac Pl. #1B			Amount 2 5 0 0 0 0		
City	State	Zip			
Roanoke	VA	24019			

SUBTOTAL of Donations This Page (optional)	6 0 0 0 0 0
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	1 2 5 7 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Larry Lady			Date of Receipt 09 09 2004	
Mailing Address of Donor 5625 Jonamac PL #1B			Amount 2 5 0 0 0	
City	State	Zip		
Roanoke	VA	24019		
B. Full Name of Donor Larry Lady			Date of Receipt 10 04 2004	
Mailing Address of Donor 5625 Jonamac Place #1B			Amount 2 5 0 0 0	
City	State	Zip		
Roanoke	VA	24019		
C. Full Name of Donor Scott Laidig			Date of Receipt 10 15 2004	
Mailing Address of Donor 129 W. North St.			Amount 1 0 0 0 0	
City	State	Zip		
Worthington	OH	43085		
D. Full Name of Donor Ed Lasky			Date of Receipt 10 18 2004	
Mailing Address of Donor 1250 Ridge Rd			Amount 5 0 0 0 0	
City	State	Zip		
Northbrook	IL	60062		
E. Full Name of Donor tom liguori			Date of Receipt 10 30 2004	
Mailing Address of Donor 16885 Via Del Campo Court			Amount 2 5 0 0 0	
City	State	Zip		
San Diego	CA	92127		

SUBTOTAL of Donations This Page (optional)	4 5 0 0 0
TOTAL This Period (last page this line number only) (carry over from last page to line 9)	1 3 0 2 5 0 0

SCHEDULE 9-A
Donation(s) Received

2004-2008 Form 990-B (REV. 03-2004)

A. Full Name of Donor Robert D. Linder, Sr. <hr/> Mailing Address of Donor 3955 Montgomery Road <hr/> City State Zip Cincinnati OH 45212	Date of Receipt 10 18 2004 <hr/> Amount 25000000
B. Full Name of Donor William Lyon <hr/> Mailing Address of Donor 4490 Von Karman Av <hr/> City State Zip Newport Beach CA 92660	Date of Receipt 10 18 2004 <hr/> Amount 50000000
C. Full Name of Donor Walt and Bonita Malley <hr/> Mailing Address of Donor 10800 Lathrop Lane <hr/> City State Zip Silverdale WA 98383	Date of Receipt 10 18 2004 <hr/> Amount 25000000
D. Full Name of Donor Thomas P. Maney <hr/> Mailing Address of Donor 535 Greenglade Ave <hr/> City State Zip Worthington OH 43085	Date of Receipt 10 15 2004 <hr/> Amount 50000000
E. Full Name of Donor Nancy Mark <hr/> Mailing Address of Donor 77 Rebecca Lane <hr/> City State Zip Atherton CA 94027	Date of Receipt 10 18 2004 <hr/> Amount 10000000
SUBTOTAL of Donations This Page (optional)	75400000
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	88425000

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Barbara Martin</p> <p>Mailing Address of Donor 1700 19th St. N.W. #2</p> <p>City State Zip Washington D.C. DC 20009</p>	<p>Date of Receipt M O N T H Y 1 0 1 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor J. Allen Martin</p> <p>Mailing Address of Donor 10095 Lawyers Rd.</p> <p>City State Zip Vienna VA 22181</p>	<p>Date of Receipt M O N T H Y 1 0 2 1 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor Wayne Martin</p> <p>Mailing Address of Donor 6816 Burton St SE</p> <p>City State Zip Grand Rapids MI 49546</p>	<p>Date of Receipt M O N T H Y 1 0 2 0 2 0 0 4</p> <p>Amount 2 0 0 0 0 0</p>
<p>D. Full Name of Donor George Matthews, Jr</p> <p>Mailing Address of Donor 212 Townsend Place</p> <p>City State Zip Atlanta GA 30327</p>	<p>Date of Receipt M O N T H Y 1 0 1 8 2 0 0 4</p> <p>Amount 2 5 0 0 0 0 0 0</p>
<p>E. Full Name of Donor Wikes McClave</p> <p>Mailing Address of Donor 27 Jingle Lane</p> <p>City State Zip Bedford NY 10506</p>	<p>Date of Receipt M O N T H Y 1 0 1 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 5 4 2 5 0 0 0</p>
<p>TOTAL This Period (last page this file number only)</p> <p>(see total from last page to Line B)</p>	<p>1 1 3 8 5 0 0 0 0</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Wilkes McClave</p> <p>Mailing Address of Donor 27 Jingle Lane</p> <p>City State Zip Bedford NY 10506</p>	<p>Date of Receipt 10 21 2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor James McIlvain</p> <p>Mailing Address of Donor 15331 Francis Oaks Way</p> <p>City State Zip Los Gatos CA 95032</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 2,500.00</p>
<p>C. Full Name of Donor Mac McIlvain</p> <p>Mailing Address of Donor PO Box 110155</p> <p>City State Zip Anchorage AK 99511</p>	<p>Date of Receipt 10 21 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Mac McIlvain</p> <p>Mailing Address of Donor PO Box 110155</p> <p>City State Zip Anchorage AK 99511</p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Randolph McManus</p> <p>Mailing Address of Donor 2021 Q St, N.W.</p> <p>City State Zip Washington DC 20009</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations (This Page (optional))</p>	<p>6,500.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>11,450.00</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Randolph McManus

Mailing Address of Donor
2021 Q St, N.W.

City State Zip
Washington DC 20009

Date of Receipt
08 - 05 - 2004

Amount
50000

B. Full Name of Donor
Douglas McMillan

Mailing Address of Donor
707 Goodrich Avenue

City State Zip
St. Paul MN 55105

Date of Receipt
10 - 21 - 2005

Amount
100000

C. Full Name of Donor
jim mcnaab

Mailing Address of Donor
47 church street

City State Zip
charleston SC 29401

Date of Receipt
10 - 18 - 2004

Amount
250000

D. Full Name of Donor
Donald Meske

Mailing Address of Donor
11 Upper Woodcrest Rd

City State Zip
Berwick PA 18603

Date of Receipt
10 - 18 - 2004

Amount
100000

E. Full Name of Donor
John Metrock

Mailing Address of Donor
PO Box 36

City State Zip
Montevallo AL 35115

Date of Receipt
10 - 18 - 2004

Amount
100000

SUBTOTAL of Donations This Page (optional)	500000
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	1,151,000.00

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor frank michel</p> <p>Mailing Address of Donor 123 davis rd</p> <p>City State Zip malvern PA 19355</p>	<p>Date of Receipt M M Y Y 1 0 1 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Jeanette Mihaly</p> <p>Mailing Address of Donor 142 B T L Rd</p> <p>City State Zip Shohola PA 18458</p>	<p>Date of Receipt M M Y Y 1 0 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Magdy Mikhail</p> <p>Mailing Address of Donor 78 Hampton Oval</p> <p>City State Zip New Rochella NY 10805</p>	<p>Date of Receipt M M Y Y 1 0 1 5 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>D. Full Name of Donor Robert Miller</p> <p>Mailing Address of Donor 2271 Country Club Drive</p> <p>City State Zip Pittsburgh PA 15241</p>	<p>Date of Receipt M M Y Y 1 0 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor WILLIAM MILLER</p> <p>Mailing Address of Donor 8790 Winding Way</p> <p>City State Zip Fair Oaks CA 95628</p>	<p>Date of Receipt M M Y Y 1 0 1 0 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>4 0 0 0 0 0</p>
<p>TOTAL This Period (last page fills line number only)</p> <p>(carry total from last page to Line 5)</p>	<p>1 1 5 5 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Michael Minton</p> <p>Mailing Address of Donor 1 US Bank Plaza, Suite 2900</p> <p>City State Zip St. Louis MO 63101</p>	<p>Date of Receipt M M Y Y 1 0 1 5 2 0 0 4</p> <p>Amount \$ 1,000.00</p>
<p>B. Full Name of Donor CHARLES MITCHELL</p> <p>Mailing Address of Donor 500 Iron Springs Rd</p> <p>City State Zip Fairfax CA 94930</p>	<p>Date of Receipt M M Y Y 1 0 1 8 2 0 0 4</p> <p>Amount \$ 500.00</p>
<p>C. Full Name of Donor CHARLES MITCHELL</p> <p>Mailing Address of Donor 500 Iron Springs Rd</p> <p>City State Zip Fairfax CA 94930</p>	<p>Date of Receipt M M Y Y 0 8 9 1 2 0 0 4</p> <p>Amount \$ 500.00</p>
<p>D. Full Name of Donor John Mitchell</p> <p>Mailing Address of Donor PO Box 606</p> <p>City State Zip Deer Park WA 99006</p>	<p>Date of Receipt M M Y Y 1 0 1 5 2 0 0 4</p> <p>Amount \$ 800.00</p>
<p>E. Full Name of Donor Howard Mitnick</p> <p>Mailing Address of Donor 65 Madison Ave.</p> <p>City State Zip Morristown NJ 07960</p>	<p>Date of Receipt M M Y Y 1 0 1 7 2 0 0 4</p> <p>Amount \$ 250.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 3,150.00</p>	
<p>TOTAL This Period (last page this line number only) ▶ 1,158,150.00 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Gratia Montgomery</p> <p>Mailing Address of Donor 205 Smith Neck Rd</p> <p>City State Zip South Dartmouth MA 02748</p>	<p>Date of Receipt 2004 10 20 2004</p> <p>Amount 5000.00</p>
<p>B. Full Name of Donor Margaret Mora</p> <p>Mailing Address of Donor 1612 Billy Casper Dr.</p> <p>City State Zip El Paso TX 79936</p>	<p>Date of Receipt 2004 10 15 2004</p> <p>Amount 1000.00</p>
<p>C. Full Name of Donor CLARK MORGAN</p> <p>Mailing Address of Donor 225 S KALAHEO AVE</p> <p>City State Zip KAILUA HI 96734</p>	<p>Date of Receipt 2004 10 18 2004</p> <p>Amount 2500.00</p>
<p>D. Full Name of Donor CLARK MORGAN</p> <p>Mailing Address of Donor 225 S KALAHEO AVE</p> <p>City State Zip KAILUA HI 96734</p>	<p>Date of Receipt 2004 10 24 2004</p> <p>Amount 2500.00</p>
<p>E. Full Name of Donor Clark Morgan</p> <p>Mailing Address of Donor 225 S Kalaheo Ave</p> <p>City State Zip Kailua HI 96734</p>	<p>Date of Receipt 2004 10 22 2004</p> <p>Amount 2500.00</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>6750.00</p>
<p>TOTAL This Period (last page dis line number only) ▶ (carry total from last page to Line 5)</p>	<p>1164900.00</p>

SCHEDULE 9-A
Donation(s) Received

2014-03-27 10:10:10

<p>A. Full Name of Donor Clark Morgan</p> <p>Mailing Address of Donor 225 S Kalaheo Ave</p> <p>City State Zip Kailua HI 96734</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Gerald J. Mos</p> <p>Mailing Address of Donor 1215 Stratford Rd</p> <p>City State Zip Kansas City MO 64113</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor John Moss</p> <p>Mailing Address of Donor 2764 Compass Drive, #101</p> <p>City State Zip Grand Junction CO 81506</p>	<p>Date of Receipt 10 17 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor Swift Mothershead</p> <p>Mailing Address of Donor P.O. Box 30036</p> <p>City State Zip Charlotte NC 28230</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Swift Mothershead</p> <p>Mailing Address of Donor P.O. Box 30036</p> <p>City State Zip Charlotte NC 28230</p>	<p>Date of Receipt 08 26 2004</p> <p>Amount 25000</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>300000</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>118790000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Swift Mothershead</p> <p>Mailing Address of Donor P.O. Box 30036</p> <p>City State Zip Charlotte NC 28230</p>	<p>Date of Receipt M O N T H Y 1 0 0 9 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Timothy Moulton</p> <p>Mailing Address of Donor 302 Chaucer Ct N</p> <p>City State Zip Sewickley PA 15143</p>	<p>Date of Receipt M O N T H Y 1 0 1 0 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Timothy Moulton</p> <p>Mailing Address of Donor 302 Chaucer Ct N</p> <p>City State Zip Sewickley PA 15143</p>	<p>Date of Receipt M O N T H Y 0 8 1 0 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Richard Mouser</p> <p>Mailing Address of Donor 488 County Road 423</p> <p>City State Zip Uvalde TX 78801</p>	<p>Date of Receipt M O N T H Y 1 0 1 0 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>E. Full Name of Donor Richard Mouser</p> <p>Mailing Address of Donor 488 County Road 423</p> <p>City State Zip Uvalde TX 78801</p>	<p>Date of Receipt M O N T H Y 0 9 1 0 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 2 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>1 1 7 0 1 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Richard Mouser <hr/> Mailing Address of Donor: 488 County Road 423 <hr/> City State Zip Uvalde TX 78801			Date of Receipt 1 0 0 5 2 0 0 4 <hr/> Amount 2 5 0 0 0
B. Full Name of Donor mary movick <hr/> Mailing Address of Donor: 157 cottonwood <hr/> City State Zip coppel TX 75019			Date of Receipt 1 0 0 5 2 0 0 4 <hr/> Amount 1 0 0 0 0
C. Full Name of Donor Gail Mulvihill <hr/> Mailing Address of Donor: PO Box 155 <hr/> City State Zip New Vernon NJ 07976			Date of Receipt 1 0 0 5 2 0 0 4 <hr/> Amount 5 0 0 0 0 0
D. Full Name of Donor Robert Neil <hr/> Mailing Address of Donor: 3550 El Centro Street <hr/> City State Zip St Pete Beach FL 33706			Date of Receipt 1 0 0 5 2 0 0 4 <hr/> Amount 5 0 0 0 0
E. Full Name of Donor Robert Neil <hr/> Mailing Address of Donor: 3550 El Centro Street <hr/> City State Zip St Pete Beach FL 33706			Date of Receipt 0 9 0 5 2 0 0 4 <hr/> Amount 5 0 0 0 0
SUBTOTAL of Donations This Page (optional)			6 3 5 0 0 0
TOTAL This Period (last page this line number only) (carry over from last page to Line 9)			1 1 7 6 5 0 0 0 0

SCHEDULE 9-A
Donation(s) Received

11/01/2004 12:00 PM

A. Full Name of Donor John Nelson			Date of Receipt 1 0 1 5 2 0 0 4		
Mailing Address of Donor 32110 Agoura Rd			Amount 1 0 0 0 0 0 0		
City Westlake Village	State CA	Zip 91361			
B. Full Name of Donor thomas nelson			Date of Receipt 1 0 1 8 2 0 0 4		
Mailing Address of Donor 6100 old lagrange rd			Amount 5 0 0 0 0		
City crestwood	State KY	Zip 40014			
C. Full Name of Donor Thomas Nelson			Date of Receipt 0 9 1 1 2 0 0 4		
Mailing Address of Donor 6100 old lagrange rd			Amount 1 0 0 0 0		
City crestwood	State KY	Zip 40014			
D. Full Name of Donor thomas nelson			Date of Receipt 0 9 0 4 2 0 0 4		
Mailing Address of Donor 6100 old lagrange rd			Amount 2 5 0 0 0		
City crestwood	State KY	Zip 40014			
E. Full Name of Donor thomas nelson			Date of Receipt 0 9 1 2 2 0 0 4		
Mailing Address of Donor 6100 old lagrange rd			Amount 5 0 0 0 0		
City crestwood	State KY	Zip 40014			

SUBTOTAL of Donations This Page (optional)	1 1 3 5 0 0 0
TOTAL This Period (last page file line number only) (carry total from last page to Line 5)	1 1 8 7 8 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Ronald Neville</p> <p>Mailing Address of Donor 3541 E. Kingswood Drive</p> <p>City State Zip Springfield MO 65809</p>	<p>Date of Receipt M Y Y Y Y Y 1 0 1 0 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Ronald Neville</p> <p>Mailing Address of Donor 3541 E. Kingswood Drive</p> <p>City State Zip Springfield MO 65809</p>	<p>Date of Receipt M Y Y Y Y Y 0 8 2 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor W. Nivison</p> <p>Mailing Address of Donor 605 Transylvania Ave</p> <p>City State Zip Raleigh NC 27609</p>	<p>Date of Receipt M Y Y Y Y Y 1 0 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Warren Norquist</p> <p>Mailing Address of Donor 89 Bradford Rd</p> <p>City State Zip Weston MA 02493</p>	<p>Date of Receipt M Y Y Y Y Y 1 0 1 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Troy Ontko</p> <p>Mailing Address of Donor 11948 Elm Dale Dr</p> <p>City State Zip Manchester MI 48158</p>	<p>Date of Receipt M Y Y Y Y Y 1 0 2 0 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 2 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1 1 9 1 1 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

2004年12月31日以前に発生した収入

<p>A. Full Name of Donor Troy Ontko</p> <p>Mailing Address of Donor 11948 Elmdale Dr</p> <p>City State Zip Manchester MI 48158</p>	<p>Date of Receipt 08 26 2004</p> <p>Amount 250.00</p>
<p>B. Full Name of Donor Troy Ontko</p> <p>Mailing Address of Donor 11948 Elmdale Dr</p> <p>City State Zip Manchester MI 48158</p>	<p>Date of Receipt 08 26 2004</p> <p>Amount 250.00</p>
<p>C. Full Name of Donor Troy Ontko</p> <p>Mailing Address of Donor 11948 Elmdale Dr</p> <p>City State Zip Manchester MI 48158</p>	<p>Date of Receipt 08 09 2004</p> <p>Amount 250.00</p>
<p>D. Full Name of Donor Louis Panigutti</p> <p>Mailing Address of Donor 21 Huntington Rd</p> <p>City State Zip Newtown CT 06470</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 100.00</p>
<p>E. Full Name of Donor Beverly A. Parker</p> <p>Mailing Address of Donor 8 Goonan Rd</p> <p>City State Zip Hooksett NH 03106</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page (use line number only) (carry total from last page to Line 9) ▶</p>	<p>1350.00</p> <p>1192450.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Cameron Phillips</p> <p>Mailing Address of Donor 626 Chain Bridge Rd</p> <p>City State Zip McLean VA 22101</p>	<p>Date of Receipt M D Y 10 18 2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor Norm Phillips</p> <p>Mailing Address of Donor 71 N. Windsail Place</p> <p>City State Zip Spring TX 77381</p>	<p>Date of Receipt M D Y 10 19 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Boone Pickens</p> <p>Mailing Address of Donor 8117 Preston Rd, Suite 260</p> <p>City State Zip Dallas TX 75225</p>	<p>Date of Receipt M D Y 10 18 2004</p> <p>Amount 1,000,000.00</p>
<p>D. Full Name of Donor Jan Pillar</p> <p>Mailing Address of Donor 3825 Bluffview Dr.</p> <p>City State Zip Marietta GA 30062</p>	<p>Date of Receipt M D Y 10 19 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Ben Pitre</p> <p>Mailing Address of Donor 413 Interamerica Blvd Suite 1BC-2323</p> <p>City State Zip Laredo TX 78045</p>	<p>Date of Receipt M D Y 10 29 2004</p> <p>Amount 100.00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1,003,600.00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 8)</p>	<p>3,700,050.00</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Ben Pitre

Mailing Address of Donor
413 Interamerica Suite 1BC-2323

City State Zip
Laredo TX 78045

Date of Receipt
10 21 2004

Amount
1,000.00

B. Full Name of Donor
Neil Polo

Mailing Address of Donor
2061 Aquetong Road

City State Zip
New Hope PA 18938

Date of Receipt
10 20 2004

Amount
1,000.00

C. Full Name of Donor
Joe Poole

Mailing Address of Donor
575 Pr 1134

City State Zip
Gilmer TX 75645

Date of Receipt
10 18 2004

Amount
1,000.00

D. Full Name of Donor
Robert M. Powell

Mailing Address of Donor
3200 Industrial Park Rd

City State Zip
Van Buren AR 72956

Date of Receipt
10 18 2004

Amount
1,000.00

E. Full Name of Donor
Mary Susan Prescott

Mailing Address of Donor
501 N Clinton St, Apt 3401

City State Zip
Chicago IL 60610

Date of Receipt
10 15 2004

Amount
500.00

SUBTOTAL of Donations This Page (optional) ▶

4,500.00

TOTAL This Period (last page true line number only) ▶
(carry total from last page to Line 9)

3,704.56

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor James Preston</p> <p>Mailing Address of Donor PO Box 830</p> <p>City State Zip Kent CT 06757</p>	<p>Date of Receipt 1 0 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Frank Pringle</p> <p>Mailing Address of Donor 160 Dolphin Cove Quay</p> <p>City State Zip Stamford CT 06902</p>	<p>Date of Receipt 1 0 1 9 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Paul Rady</p> <p>Mailing Address of Donor 4 Mockingbird Lane</p> <p>City State Zip Englewood CO 80113</p>	<p>Date of Receipt 1 0 1 8 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor Dean Rahala</p> <p>Mailing Address of Donor PO Box 217</p> <p>City State Zip Deer River MN 56636</p>	<p>Date of Receipt 1 0 1 5 2 0 0 4</p> <p>Amount 2 0 0 0 0 0</p>
<p>E. Full Name of Donor Dean Rahala</p> <p>Mailing Address of Donor PO Box 217</p> <p>City State Zip Deer River MN 56636</p>	<p>Date of Receipt 0 9 0 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>6 0 0 0 0 0</p>
<p>TOTAL This Period (see page five line number only) ▶ (carry total from last page to Line 9)</p>	<p>3 7 1 1 1 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
THOMAS RAKOW

Mailing Address of Donor
P.O. BOX 545

City **State** **Zip**
ELGIN IL 60121

Date of Receipt
 M M C D Y Y Y Y
 1 0 1 5 2 0 0 4

Amount
 1 0 0 0 0 0

B. Full Name of Donor
Stephen Rhodes

Mailing Address of Donor
131 W. Adelaide, Unit 409

City **State** **Zip**
Elmhurst IL 60126

Date of Receipt
 M M C D Y Y Y Y
 1 0 1 9 2 0 0 4

Amount
 5 0 0 0 0 0

C. Full Name of Donor
Stephen Rhodes

Mailing Address of Donor
131 W. Adelaide, Unit 409

City **State** **Zip**
Elmhurst IL 60126

Date of Receipt
 M M C D Y Y Y Y
 0 8 2 3 2 0 0 4

Amount
 5 0 0 0 0 0

D. Full Name of Donor
Carolyn Richardson

Mailing Address of Donor
1774 Seal Way

City **State** **Zip**
Discovery Bay CA 94514

Date of Receipt
 M M C D Y Y Y Y
 1 0 1 5 2 0 0 4

Amount
 5 0 0 0 0 0

E. Full Name of Donor
A. James Roberts III

Mailing Address of Donor
2520 Sunny Slopes Dr.

City **State** **Zip**
Park City UT 84060

Date of Receipt
 M M C D Y Y Y Y
 1 0 1 5 2 0 0 4

Amount
 5 0 0 0 0 0

SUBTOTAL of Donations This Page (optional)	3 0 0 0 0 0
TOTAL This Period (last page fills the number only)	3 7 1 4 1 5 0 0 0
(carry total from last page to Line 9)	

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SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
A. James Roberts III

Mailing Address of Donor
2520 Sunny Slopes Dr.

City State Zip
Park City UT 84060

Date of Receipt
08 09 2004

Amount
50000

B. Full Name of Donor
Sandra Rose

Mailing Address of Donor
61 Cow Trail

City State Zip
Livingston MT 59047

Date of Receipt
10 18 2004

Amount
100000

C. Full Name of Donor
Jack H. Runnion, Jr.

Mailing Address of Donor
3521 Tork Rd

City State Zip
Winston Salem NC 27104

Date of Receipt
10 20 2004

Amount
100000

D. Full Name of Donor
William Sandalls

Mailing Address of Donor
445 Broadway, Apt. 2P

City State Zip
Hastings on Hudson NY 10706

Date of Receipt
10 18 2004

Amount
50000

E. Full Name of Donor
William Sandalls

Mailing Address of Donor
445 Broadway, Apt. 2P

City State Zip
Hastings on Hudson NY 10706

Date of Receipt
08 09 2004

Amount
50000

SUBTOTAL of Donations This Page (optional)	350000
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	371765000

SCHEDULE 3-A
Donation(s) Received

A. Full Name of Donor Michael Sandorffy			Date of Receipt 10 19 2004		
Mailing Address of Donor 520 Pike Street			Amount 2 5 0 0 0		
City SEATTLE	State WA	Zip 98101			

B. Full Name of Donor Michael Sandorffy			Date of Receipt 10 20 2004		
Mailing Address of Donor 520 Pike Street			Amount 2 5 0 0 0		
City Seattle	State WA	Zip 98101			

C. Full Name of Donor Michael Sandorffy			Date of Receipt 10 20 2004		
Mailing Address of Donor 520 Pike Street			Amount 2 5 0 0 0		
City Seattle	State WA	Zip 98101			

D. Full Name of Donor Michael Sandorffy			Date of Receipt 10 21 2004		
Mailing Address of Donor 520 Pike Street			Amount 2 5 0 0 0		
City Seattle	State WA	Zip 98101			

E. Full Name of Donor Michael Sandorffy			Date of Receipt 10 24 2004		
Mailing Address of Donor 520 Pike Street			Amount 1 0 0 0 0		
City SEATTLE	State WA	Zip 98101			

SUBTOTAL of Donations This Page (optional)	4 1 0 0 0
TOTAL This Period (last page this line number only)	3 7 1 8 7 5 0 0 0
(carry total from last page to Line 8)	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor thomas p. Sartwelle</p> <p>Mailing Address of Donor 1300 post oak blvd suite 2500</p> <p>City State Zip Houston TX 77056</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Fred N. Sauer</p> <p>Mailing Address of Donor 454 Hammersmith Rd</p> <p>City State Zip Saint Louis MO 63141</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 400000</p>
<p>C. Full Name of Donor Kenneth Saunders</p> <p>Mailing Address of Donor 9890 E Paseo San Rosendo</p> <p>City State Zip Tucson AZ 85747</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Kenneth Saunders</p> <p>Mailing Address of Donor 9890 E Paseo San Rosendo</p> <p>City State Zip Tucson AZ 85747</p>	<p>Date of Receipt 08 30 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Kenneth Saunders</p> <p>Mailing Address of Donor 9890 E Paseo San Rosendo</p> <p>City State Zip Tucson AZ 85747</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 25000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>525000</p>
<p>TOTAL This Period (less page this tax number only)</p> <p>(only total from last page to Line 9)</p>	<p>372400000</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Kenneth Saunders

Mailing Address of Donor
9890 E Paseo San Rosendo

City **State** **Zip**
Tucson **AZ** **85747**

Date of Receipt
09 22 2004

Amount
500.00

B. Full Name of Donor
charles g. schappert

Mailing Address of Donor
c/o hps inc 1224 forest pkwy

City **State** **Zip**
paulsboro **NJ** **08066**

Date of Receipt
10 18 2004

Amount
250.00

C. Full Name of Donor
William Schill

Mailing Address of Donor
2659 Clydesdale Avenue

City **State** **Zip**
Atwater **CA** **95301**

Date of Receipt
10 15 2004

Amount
500.00

D. Full Name of Donor
William Schill

Mailing Address of Donor
2659 Clydesdale Avenue

City **State** **Zip**
Atwater **CA** **95301**

Date of Receipt
08 23 2004

Amount
500.00

E. Full Name of Donor
Eugene Schmidt

Mailing Address of Donor
19 Forest Drive

City **State** **Zip**
Glassboro **NJ** **08028**

Date of Receipt
10 18 2004

Amount
250.00

SUBTOTAL of Donations This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

3726000.00

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor John Schofield			Date of Receipt M M - D D - Y Y Y Y 0 8 - 2 4 - 2 0 0 4		
Mailing Address of Donor 1801 Colonial Arms Circle #4A			Amount 2 5 0 0 0 0		
City	State	Zip			
Virginia Beach	VA	23454			
B. Full Name of Donor mark scholz			Date of Receipt M M - D D - Y Y Y Y 1 0 - 2 0 - 2 0 0 4		
Mailing Address of Donor 5305 Shenandoah Ave			Amount 1 0 0 0 0 0		
City	State	Zip			
Los Angeles	CA	90056			
C. Full Name of Donor Donald R. Scifres			Date of Receipt M M - D D - Y Y Y Y 1 0 - 1 0 - 2 0 0 4		
Mailing Address of Donor 26700 Palo Hills Dr			Amount 5 0 0 0 0 0		
City	State	Zip			
Los Altos Hills	CA	94022			
D. Full Name of Donor Ruth Segal			Date of Receipt M M - D D - Y Y Y Y 1 0 - 1 0 - 2 0 0 4		
Mailing Address of Donor 5027 S Convent Ln, Apt H			Amount 1 0 0 0 0 0		
City	State	Zip			
Philadelphia	PA	19114			
E. Full Name of Donor Robert Sexton			Date of Receipt M M - D D - Y Y Y Y 1 0 - 1 0 - 2 0 0 4		
Mailing Address of Donor 6411 E. Shepherd Hills Dr.			Amount 5 0 0 0 0 0		
City	State	Zip			
Tucson	AZ	85710			
SUBTOTAL of Donations This Page (optional)			7 7 5 0 0 0		
TOTAL This Period (see page this box number only) (carry total from last page to Line 9)			3 7 3 5 5 0 0 0 0		

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert Sexton</p> <p>Mailing Address of Donor 6411 E. Shepherd Hills Dr.</p> <p>City State Zip Tucson AZ 85710</p>	<p>Date of Receipt 08 06 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Robert S. Sexton</p> <p>Mailing Address of Donor 6411 E. Shepherd Hills Dr.</p> <p>City State Zip Tucson AZ 85710</p>	<p>Date of Receipt 08 11 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Barry Shannon</p> <p>Mailing Address of Donor 344 Sea Oats Trail</p> <p>City State Zip Kitty Hawk NC 27949</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor Barry Shannon</p> <p>Mailing Address of Donor 344 Sea Oats Trail</p> <p>City State Zip Kitty Hawk NC 27949</p>	<p>Date of Receipt 08 06 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Barry Shannon</p> <p>Mailing Address of Donor 344 Sea Oats Trail</p> <p>City State Zip Kitty Hawk NC 27949</p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (collected) ▶ 187500</p>	
<p>TOTAL This Period (last page this line number only) ▶ 3,737,375.00 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Barry Shannon</p> <p>Mailing Address of Donor 344 Sea Oats Trail</p> <p>City State Zip Kitty Hawk NC 27949</p>	<p>Date of Receipt 09 05 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor ramy shanny</p> <p>Mailing Address of Donor 7200 brookstone court</p> <p>City State Zip potomac MD 20854</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor alvin sherman</p> <p>Mailing Address of Donor 3000 island blvd</p> <p>City State Zip aventura FL 33160</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor James Shiley</p> <p>Mailing Address of Donor 608 SW Arboretum Circle</p> <p>City State Zip Portland OR 97221</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 2 500 00</p>
<p>E. Full Name of Donor Robert L. Slater</p> <p>Mailing Address of Donor 515 SW California Ave</p> <p>City State Zip Stuart FL 34994</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 5 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 2 350 00</p> <p>TOTAL This Period (last page this line number only) ▶ 3 799 725 00 (carry total from last page to L416 9)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Robert L. Slater

Mailing Address of Donor
515 SW California Ave

City State Zip
Stuart FL 34994

Date of Receipt
08 26 2004

Amount
50000

B. Full Name of Donor
Britt Smith

Mailing Address of Donor
5740 Melshire

City State Zip
Dallas TX 75230

Date of Receipt
10 20 2004

Amount
50000

C. Full Name of Donor
Britt Smith

Mailing Address of Donor
5740 Melshire

City State Zip
Dallas TX 75230

Date of Receipt
09 13 2004

Amount
50000

D. Full Name of Donor
Donald Smith

Mailing Address of Donor
288 Hubbard Rd

City State Zip
Newton AL 36352

Date of Receipt
10 19 2004

Amount
50000

E. Full Name of Donor
Donald Smith

Mailing Address of Donor
288 Hubbard Rd

City State Zip
Newton AL 36352

Date of Receipt
09 12 2004

Amount
50000

SUBTOTAL of Donations This Page (optional)	250000
TOTAL This Period (last page fills this number only)	37422500
(carry total from last page to Line 9)	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Larry Smith</p> <p>Mailing Address of Donor 69 Stanford</p> <p>City State Zip Longmont CO 80503</p>	<p>Date of Receipt M O Y 1 0 1 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Muriel M. Smith</p> <p>Mailing Address of Donor 1806 Sabal Palm Cir</p> <p>City State Zip Boca Raton FL 33432</p>	<p>Date of Receipt M O Y 1 0 1 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor William Spillane</p> <p>Mailing Address of Donor 3401 Maple Ave.</p> <p>City State Zip Manhattan Beach CA 90266</p>	<p>Date of Receipt M O Y 1 0 1 8 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor Steven Spinola</p> <p>Mailing Address of Donor 114 Meadbrook rd</p> <p>City State Zip garden city NY 11530</p>	<p>Date of Receipt M O Y 1 0 1 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Richard Stadin</p> <p>Mailing Address of Donor 969 Park Ave</p> <p>City State Zip NY NY 10028</p>	<p>Date of Receipt M O Y 1 0 1 7 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>6 5 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>3 7 4 8 7 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Charles Stark</p> <p>Mailing Address of Donor 285 Avenue C, Apt. 7B</p> <p>City State Zip New York NY 10009</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor E. Stephens</p> <p>Mailing Address of Donor PO Box 1052</p> <p>City State Zip Ross CA 94957</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Lavina Stinson</p> <p>Mailing Address of Donor RR 4 Box 24B</p> <p>City State Zip Ligonier PA 15658</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor Rebecca Sugden</p> <p>Mailing Address of Donor 2150 Kurt Court</p> <p>City State Zip Apopka FL 32703</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Pat Sullivan</p> <p>Mailing Address of Donor 10801 E. Happy Valley Rd. Lot 18</p> <p>City State Zip Scottsdale AZ 85255</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 2 500 00</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>6 500 00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 6)</p>	<p>3 755 225 00</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Jim Sweet			Date of Receipt M M Y Y 1 0 2 0 2 0 0 4 Amount 1 0 0 0 0 0	
Mailing Address of Donor 10 Brogden Ct SE				
City	State	Zip		
Winter Haven	FL	33680		
B. Full Name of Donor Frances Taylor			Date of Receipt M M Y Y 1 0 1 8 2 0 0 4 Amount 2 5 0 0 0 0	
Mailing Address of Donor 8811 Willow Hills Drive				
City	State	Zip		
Huntsville	AL	35802		
C. Full Name of Donor Steve Taylor			Date of Receipt M M Y Y 1 0 2 0 2 0 0 4 Amount 2 5 0 0 0 0	
Mailing Address of Donor PO Box 80599				
City	State	Zip		
Salinas	CA	93912		
D. Full Name of Donor Joseph Teresi			Date of Receipt M M Y Y 1 0 1 5 2 0 0 4 Amount 2 0 0 0 0 0 0 0	
Mailing Address of Donor 2400 Laguna Dr				
City	State	Zip		
Fort Lauderdale	FL	33316		
E. Full Name of Donor Peter Tripple			Date of Receipt M M Y Y 1 0 1 5 2 0 0 4 Amount 1 0 0 0 0 0	
Mailing Address of Donor 2170 Coldwater Canyon Drive				
City	State	Zip		
Beverly Hills	CA	90210		

SUBTOTAL of Donations This Page (see line 9)	2 4 7 5 0 0 0
TOTAL This Form (last page this form number only) (carry total from last page to Line 9)	3 7 7 9 9 7 5 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Peter Tripple</p> <p>Mailing Address of Donor 2170 Coldwater Canyon Drive</p> <p>City State Zip Beverly Hills CA 90210</p>	<p>Date of Receipt 08 17 2004</p> <p>Amount 5000</p>
<p>B. Full Name of Donor Peter Tripple</p> <p>Mailing Address of Donor 2170 Coldwater Canyon Drive</p> <p>City State Zip Beverly Hills CA 90210</p>	<p>Date of Receipt 08 19 2004</p> <p>Amount 2500</p>
<p>C. Full Name of Donor Peter Tripple</p> <p>Mailing Address of Donor 2170 Coldwater Canyon Drive</p> <p>City State Zip BH CA 90210</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 1000</p>
<p>D. Full Name of Donor Peter Tripple</p> <p>Mailing Address of Donor 2170 Coldwater Canyon Drive</p> <p>City State Zip Beverly Hills CA 90210</p>	<p>Date of Receipt 08 04 2004</p> <p>Amount 1000</p>
<p>E. Full Name of Donor Peter Tripple</p> <p>Mailing Address of Donor 2170 Coldwater Canyon Drive</p> <p>City State Zip Beverly Hills CA 90210</p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 1000</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>6000</p>
<p>TOTAL This Period (see page 955 line number entry) ▶ (carry total from last page to Line 9)</p>	<p>378057500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Peter Tripple</p> <p>Mailing Address of Donor 2170 Coldwater Canyon Drive</p> <p>City State Zip Beverly Hills CA 90210</p>	<p>Date of Receipt 10 02 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor Peter L Tripple</p> <p>Mailing Address of Donor 2170 Coldwater Canyon Drive</p> <p>City State Zip Beverly Hills CA 90210</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Richard Uihlein</p> <p>Mailing Address of Donor 1396 N. Waukegan Rd.</p> <p>City State Zip Lake Forest IL 60045</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor Timothy Unger</p> <p>Mailing Address of Donor 4200 JPMorgan Chase</p> <p>City State Zip Houston TX 77002</p>	<p>Date of Receipt 10 17 2004</p> <p>Amount 2 500 00</p>
<p>E. Full Name of Donor Archie Macallaste USN</p> <p>Mailing Address of Donor 30 Broad St</p> <p>City State Zip New York NY 10004</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 6 600 00</p>	
<p>TOTAL This Period (last page this form number only) ▶ 3 787 175 00 (carry total from last page to Line B)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Michael Valentine

Mailing Address of Donor
1861 Dexter Avenue

City **State** **Zip**
Cincinnati OH 45206

Date of Receipt
M M Y Y Y Y
1 0 2 0 2 0 0 4

Amount
2 5 0 0 0 0

B. Full Name of Donor
james vanlanen

Mailing Address of Donor
836 wildwood rd s.w.

City **State** **Zip**
roanoke VA 24014

Date of Receipt
M M Y Y Y Y
1 0 1 9 2 0 0 4

Amount
2 5 0 0 0 0

C. Full Name of Donor
james vanlanen

Mailing Address of Donor
836 wildwood rd s.w.

City **State** **Zip**
roanoke VA 24014

Date of Receipt
M M Y Y Y Y
1 0 1 9 2 0 0 4

Amount
2 5 0 0 0 0

D. Full Name of Donor
DIDIER VARLET

Mailing Address of Donor
19 EAST SCOTT ST

City **State** **Zip**
CHICAGO IL 60610

Date of Receipt
M M Y Y Y Y
1 0 1 9 2 0 0 4

Amount
2 5 0 0 0 0

E. Full Name of Donor
DIDIER VARLET

Mailing Address of Donor
19 EAST SCOTT ST

City **State** **Zip**
CHICAGO IL 60610

Date of Receipt
M M Y Y Y Y
0 9 0 8 2 0 0 4

Amount
2 5 0 0 0 0

SUBTOTAL of Donations This Page (optional)

5 7 5 0 0 0

TOTAL This Period (last page this line number only)

(carry total from last page to Line 9)

3 7 9 2 9 2 5 0 0

SCHEDULE D-A
Donation(s) Received

<p>A. Full Name of Donor Didier Varlet</p> <p>Mailing Address of Donor 19 East Scott</p> <p>City State Zip Chicago IL 60610</p>	<p>Date of Receipt 09 10 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor Gary Vogler</p> <p>Mailing Address of Donor 11451 S. W. 3RD. STREET</p> <p>City State Zip PLANTATION FL 33325</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 250.00</p>
<p>C. Full Name of Donor Henry D. VonHagel</p> <p>Mailing Address of Donor 568 Cloverfield Ln.</p> <p>City State Zip Fort Wright KY 41011</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1000.00</p>
<p>D. Full Name of Donor Jon Wack</p> <p>Mailing Address of Donor 2223 Tunnel Rd</p> <p>City State Zip Oakland CA 94611</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1000.00</p>
<p>E. Full Name of Donor Beth Wade</p> <p>Mailing Address of Donor 1112 Park Avenue, 9A</p> <p>City State Zip New York NY 10128</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 2500.00</p>
<p>SUBTOTAL of Donations This Page (column 1) ▶</p>	<p>5,250.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 8)</p>	<p>3,798,175.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Beth Wade</p> <p>Mailing Address of Donor 1112 Park Avenue, 9A</p> <p>City State Zip New York NY 10128</p>	<p>Date of Receipt 10 17 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Erwin Weichel</p> <p>Mailing Address of Donor 2959 SW Schaeffer Rd</p> <p>City State Zip West Linn OR 97068</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Erwin Weichel</p> <p>Mailing Address of Donor 2959 SW Schaeffer Rd</p> <p>City State Zip West Linn OR 97068</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor Patricia Werderitsch</p> <p>Mailing Address of Donor 6371 Ann Arbor Saline R</p> <p>City State Zip Saline MI 48176</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor James A. West</p> <p>Mailing Address of Donor 172 West Rd</p> <p>City State Zip Butler PA 16002</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>5 750 00</p>
<p>TOTAL This Period (add page this line number only) ▶ (carry total from last page to Line B)</p>	<p>3 603 925 00</p>

24038621270

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
 Wendy W. Weyerhaeuser

Mailing Address of Donor
 11801 Gravelly Lake Dr SW

City Tacoma **State** WA **Zip** 98499

Date of Receipt
 10 18 2004

Amount
 1,000.00

B. Full Name of Donor
 Benny White

Mailing Address of Donor
 1715 E. Kleindale Rd.

City Tucson **State** AZ **Zip** 85719

Date of Receipt
 10 18 2004

Amount
 500.00

C. Full Name of Donor
 Benny White

Mailing Address of Donor
 1715 E. Kleindale Rd.

City Tucson **State** AZ **Zip** 85719

Date of Receipt
 08 04 2004

Amount
 250.00

D. Full Name of Donor
 Benny White

Mailing Address of Donor
 1715 E. Kleindale Rd.

City Tucson **State** AZ **Zip** 85719

Date of Receipt
 08 19 2004

Amount
 250.00

E. Full Name of Donor
 Benny White

Mailing Address of Donor
 1715 E. Kleindale Rd.

City Tucson **State** AZ **Zip** 85719

Date of Receipt
 09 22 2004

Amount
 250.00

SUBTOTAL of Donations This Page (optional) ▶

2,250.00

TOTAL This Period (last page line number only) ▶
 (carry total from last page to Line B)

3,806,175.00

SCHEDULE 9-A
Donations Received

<p>A. Full Name of Donor james white</p> <p>Mailing Address of Donor 2576 fallen leaf lane</p> <p>City State Zip charlottesville VA 22901</p>	<p>Date of Receipt 10 17 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor james white</p> <p>Mailing Address of Donor 2576 fallen leaf lane</p> <p>City State Zip charlottesville VA 22901</p>	<p>Date of Receipt 09 12 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Robert Whitley</p> <p>Mailing Address of Donor 5011 Avenue B</p> <p>City State Zip Torrance CA 90505</p>	<p>Date of Receipt 10 21 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Robert Whitley</p> <p>Mailing Address of Donor 5011 Avenue B</p> <p>City State Zip Torrance CA 90505</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor John Wier</p> <p>Mailing Address of Donor 31 Victors Chase</p> <p>City State Zip Sugar Land TX 77479</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 5 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2 500 000</p>
<p>TOTAL This Period (last page into line numbers only) ▶ (carry total from last page to Line 9)</p>	<p>3 808 675 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John Wier</p> <p>Mailing Address of Donor 31 Victors Chase</p> <p>City State Zip Sugar Land TX 77479</p>	<p>Date of Receipt 0 8 - 2 0 - 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Doug Wilkerson</p> <p>Mailing Address of Donor PO Box 987</p> <p>City State Zip Grayson GA 30017</p>	<p>Date of Receipt 1 0 - 1 8 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Michael Willett</p> <p>Mailing Address of Donor 5 Oriole Way</p> <p>City State Zip Ringoes NJ 08551</p>	<p>Date of Receipt 1 0 - 2 0 - 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor William Williams</p> <p>Mailing Address of Donor 100 Westcliff Rd</p> <p>City State Zip Weston MA 02493</p>	<p>Date of Receipt 1 0 - 1 8 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Richard Wilson</p> <p>Mailing Address of Donor 1027 Rosewood Ave B-1</p> <p>City State Zip Boulder CO 80304</p>	<p>Date of Receipt 1 0 - 1 8 - 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 5 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 8)</p>	<p>3 8 1 2 1 7 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Richard Wilson			Date of Receipt 08 25 2004	
Mailing Address of Donor 1027 Rosewood Ave. B-1			Amount 5 000 00	
City Boulder	State CO	Zip 80304		

B. Full Name of Donor Bert Winston, Jr.			Date of Receipt 10 20 2004	
Mailing Address of Donor PO Box 248			Amount 1 000 00	
City Hunt	State TX	Zip 78024		

C. Full Name of Donor Mark Winters			Date of Receipt 10 18 2004	
Mailing Address of Donor P. O. Box 8123			Amount 5 000 00	
City Klamath Falls	State OR	Zip 97602		

D. Full Name of Donor Eyaken Woldehanna			Date of Receipt 10 15 2004	
Mailing Address of Donor PO Box 173			Amount 1 000 00	
City Pahrump	State NV	Zip 89041		

E. Full Name of Donor Eyaken Woldehanna			Date of Receipt 08 17 2004	
Mailing Address of Donor PO Box 173			Amount 3 000 00	
City Pahrump	State NV	Zip 89041		

SUBTOTAL of Donations This Page (optional)	3 300 00
TOTAL This Period (last page info for number only) (carry total from last page to line 9)	3 815 475 00

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Alan Wright

Mailing Address of Donor
12555 Mivdaster Rd

City State Zip
Saint Louis MO 63131

Date of Receipt
 10 20 2004

Amount
 1,000.00

B. Full Name of Donor
David Young

Mailing Address of Donor
3225 Sierra Ct. SW

City State Zip
Issaquah WA 98027

Date of Receipt
 10 18 2004

Amount
 1,000.00

C. Full Name of Donor
David Young

Mailing Address of Donor
3225 Sierra Ct. SW

City State Zip
Issaquah WA 98027

Date of Receipt
 08 21 2004

Amount
 500.00

D. Full Name of Donor
michael young

Mailing Address of Donor
3701 stevenson

City State Zip
austin TX 78703

Date of Receipt
 10 19 2004

Amount
 1,000.00

E. Full Name of Donor
Richard W. Young

Mailing Address of Donor
5633 Sanctuary Dr NE

City State Zip
ADA MI 49301

Date of Receipt
 10 20 2004

Amount
 1,000.00

SUBTOTAL of Donations This Page (optional)	4,500.00
TOTAL This Period (last page into line number only) (carry total from last page to Line 8)	3,819,975.00

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Michael Zimmerman

Mailing Address of Donor
8102 Edgeware Ln.

City State Zip
Louisville KY 40220

Date of Receipt
 10 20 2004

Amount
 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)	500.00
TOTAL This Period (last page this line number only)	3,820,475.00
(carry total from last page to Line 8)	

2004-2005 Schedule 9-A Form 990

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First Middle Initial) of Payee Chris LaCivita Consulting			Date of Disbursement or Obligation 09 29 2004	
Mailing Address of Payee 13604 Timberlake Court			Amount 3,333.00	
City Middletown	State VA	Zip Code 23311	Communication Date 10 22 2004	
Name of Employer Occupation				

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

Media Copywriting & Production

Name of Federal Candidate John F. 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 Mentzer Media Services			Date of Disbursement or Obligation 10 19 2004	
Mailing Address of Payee 600 Fairmount Avenue, Suite 306			Amount 4,627.57	
City Towson	State MD	Zip Code 21286	Communication Date 10 22 2004	
Name of Employer Occupation				

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

Media Commission

Name of Federal Candidate John F. 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)	4,660.3875
TOTAL This Page (last page this line number only) (carry total from last page to Line 90)	4,660.3875

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payer Stevens Reed Curcio & Potholm				Date of Disbursement or Obligation 1 0 2 1 2 0 0 4			
Mailing Address of Payer 305 Cameron Street				Amount 3 6 6 0 0 0 0			
City Alexandria	State VA	Zip Code 22314		Communication Date 1 0 2 2 2 0 0 4			
Name of Employer				Occupation			
Purpose of Disbursement (including title(s) of communication(s)) Media Production							
Name of Federal Candidate John F. Kerry		Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	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	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	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 Payer WFLA-TV				Date of Disbursement or Obligation 1 0 2 2 2 0 0 4			
Mailing Address of Payer 200 South Parker Street				Amount 1 3 7 1 0 5 0 0			
City Tampa	State FL	Zip Code 33608		Communication Date 1 0 2 2 2 0 0 4			
Name of Employer				Occupation			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	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	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	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)				1 7 3 7 0 5 0 0			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				6 3 9 7 4 3 7 5			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WFTS-TV				Date of Disbursement or Obligation 1 0 1 9 2 0 0 4	
Mailing Address of Payee 4045 North Himes Avenue				Amount 7 3 6 1 0 0 0	
City Tampa	State FL	Zip Code 33607		Communication Date 1 0 2 2 2 0 0 4	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	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	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	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 WTSP-TV				Date of Disbursement or Obligation 1 0 1 9 2 0 0 4	
Mailing Address of Payee 11450 Gandy Blvd.				Amount 2 1 3 1 8 0 0 0	
City St Petersburg	State FL	Zip Code 33702		Communication Date 1 0 2 2 2 0 0 4	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	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	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	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)				2 8 8 7 9 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				9 2 6 5 3 3 7 5	

SCHEDULE 3-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WTVT-TV				Date of Disbursement or Obligation M M D D Y Y 1 0 1 0 2 0 0 4			
Mailing Address of Payee 3213 West Kennedy Blvd.				Amount 1 5 5, 4 6 5, 0 0			
City Tampa		State FL		Zip Code 33609		Communication Date 1 0 2 2 2 0 0 4	
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input 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: <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 WALA-TV				Date of Disbursement or Obligation M M D D Y Y 1 0 1 0 2 0 0 4			
Mailing Address of Payee 1501 Satchel Paige Drive				Amount 2 8, 0 7 5, 7 0			
City Mobile		State AL		Zip Code 36606		Communication Date 1 0 2 2 2 0 0 4	
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input 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: <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)						1 8 3 5 4 0 7 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)						1 1 1 0 0 7 4 4 5	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WEAR-TV				Date of Disbursement or Obligation M O D Y P M 1 0 1 9 2 0 0 4			
Mailing Address of Payee 4990 Mobile Highway				Amount 1 4 2 1 1 1 5 0			
City Pensacola		State FL		Zip Code 32506		Communication Date M O D Y P M 1 0 2 2 2 0 0 4	
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input 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: <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 WKRG-TV				Date of Disbursement or Obligation M O D Y P M 1 0 2 2 2 0 0 4			
Mailing Address of Payee 555 Broadcast Drive				Amount 3 8 5 4 7 5 0			
City Mobile		State AL		Zip Code 36606		Communication Date M O D Y P M 1 0 2 2 2 0 0 4	
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input 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: <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 (if allowed)				1 8 0 6 5 9 0 0			
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				1 2 9 0 7 3 3 4 5			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WPML-TV				Date of Disbursement or Obligation 1 0 1 9 2 0 0 4			
Mailing Address of Payee 661 Azalea Road				Amount 2 2 2 0 2 0 0			
City Mobile		State AL		Zip Code 36609		Communication Date 1 0 2 2 2 0 0 4	
Name of Employer _____				Occupation _____			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input 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: <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 WAWS-TV				Date of Disbursement or Obligation 1 0 1 9 2 0 0 4			
Mailing Address of Payee 11700 Central Parkway				Amount 2 3 9 0 0 0 0			
City Jacksonville		State FL		Zip Code 32224		Communication Date 1 0 2 2 2 0 0 4	
Name of Employer _____				Occupation _____			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input 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: <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 (colines)						5 1 1 0 2 0 0	
TOTAL This Period (last page line and number only) (carry over from last page to line 10)						1 3 4 1 8 3 5 4 5	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WJXT-TV			Date of Disbursement or Obligation M O Y Y 1 0 1 0 2 0 0 4	
Mailing Address of Payee Broadcast Plaza			Amount 4 8 4 5 0 0 0	
City Jacksonville	State FL	Zip Code 33207	Communication Date M O Y Y 1 0 2 2 2 0 0 4	
Name of Employer			Occupation	

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

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> President	<input 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	<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 WJXX-TV			Date of Disbursement or Obligation M O Y Y 1 0 1 0 2 0 0 4	
Mailing Address of Payee 1070 East Adams Street			Amount 2 4 0 5 5 0 0	
City Jacksonville	State FL	Zip Code 32202	Communication Date M O Y Y 1 0 2 2 2 0 0 4	
Name of Employer			Occupation	

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

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> President	<input 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	<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) _____	7 2 5 0 5 0 0
TOTAL This Period (last page if this line number only) _____ (copy total from last page to Line 10)	1 4 1 4 3 4 0 4 5

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WTEV-TV			Date of Disbursement or Obligation M O Y 1 0 1 8 2 0 0 4		
Mailing Address of Payee 11700 Central Parkway			Amount 8 0 7 5 0 0 0		
City Jacksonville	State FL	Zip Code 32224	Communication Date M O Y 1 0 2 2 2 0 0 4		
Name of Employer _____			Occupation _____		

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

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought <input 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 <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 WTLV-TV			Date of Disbursement or Obligation M O Y 1 0 1 8 2 0 0 4		
Mailing Address of Payee 1070 East Adams Street			Amount 1 3 1 8 7 7 5 0		
City Jacksonville	State FL	Zip Code 32202	Communication Date M O Y 1 0 2 2 2 0 0 4		
Name of Employer _____			Occupation _____		

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

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought <input 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 <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)) ▶	2 1 2 6 2 7 5 0
TOTAL This Period (last page this line number only) ▶ (carry total from last page to line 40)	1 6 2 6 9 6 7 9 5

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WGFL-TV			Date of Disbursement or Obligation Y 4 M 1 D 1 0 1 5 2 0 0 4	
Mailing Address of Payee 4190 NW 93rd Avenue			Amount 1 1,7 2 1,5 0	
City Gainesville	State FL	Zip Code 32653	Communication Date Y 4 M 1 D 1 0 2 2 2 0 0 4	
Name of Employer _____			Occupation _____	

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

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought <input 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 <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 WOGX-TV			Date of Disbursement or Obligation Y 4 M 1 D 1 0 1 9 2 0 0 4	
Mailing Address of Payee 1551 SW 37th Avenue			Amount 5 1,7 0 5,5 0	
City Ocala	State FL	Zip Code 33474	Communication Date Y 4 M 1 D 1 0 2 2 2 0 0 4	
Name of Employer _____			Occupation _____	

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

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought <input 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 <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) ▶

6 3 4 2 7 0 0

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

1 8 9 0 3 9 4 9 5

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WBBH-TV				Date of Disbursement or Obligation 1 0 / 1 9 / 2 0 0 4			
Mailing Address of Payee 3719 Central Avenue				Amount 7 2,5 9 0,0 0			
City Ft. Myers		State FL		Zip Code 33901			
Name of Employer _____				Occupation _____			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		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		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		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 WFTX-TV				Date of Disbursement or Obligation 1 0 / 1 9 / 2 0 0 4			
Mailing Address of Payee 621 SW Pine Island Road				Amount 1 7,0 8 5,0 0			
City Cape Coral		State FL		Zip Code 33991			
Name of Employer _____				Occupation _____			
Purpose of Disbursement (including title(s) or communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		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		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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
SUBTOTAL of Disbursements/Obligations This Page (optional)				8 9 6 7 5 0 0			
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				1 7 8 0 0 8 9 5			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WINK-TV				Date of Disbursement or Obligation 1 0 1 9 2 0 0 4			
Mailing Address of Payee 2824 Palm Beach Blvd.				Amount 8 2,7 9 0,0 0			
City Ft. Myers		State FL		Zip Code 33916			
Name of Employer _____				Occupation _____			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input 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: <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 WZVN-TV				Date of Disbursement or Obligation 1 0 1 9 2 0 0 4			
Mailing Address of Payee 3719 Central Avenue				Amount 2 5,9 2 5,0 0			
City Ft. Myers		State FL		Zip Code 33901			
Name of Employer _____				Occupation _____			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input 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: <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)				1 0 8,7 1 5,0 0			
TOTAL This Period (last page lists this number only) (carry total from last page to Line 10)				1,8 8 8,7 8 4,9 5			

03/14/2009 10:45:22 AM

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WCTV-TV			Date of Disbursement or Obligation: 1 0 1 9 2 0 0 4		
Mailing Address of Payee 4000 County Road 12			Amount 1 3 1, 8 3 5, 0 0		
City Tallahassee	State FL	Zip Code 32312	Communication Date 1 0 2 2 2 0 0 4		
Name of Employer Occupation			Purpose of Disbursement (including title(s) of communication(s)) Media Buy		
Name of Federal Candidate John F. Kerry	Office Sought: <input 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: <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 WTLH-TV			Date of Disbursement or Obligation: 1 0 1 9 2 0 0 4		
Mailing Address of Payee 950 Commerce Blvd.			Amount 7, 3 1 0, 0 0		
City Midway	State FL	Zip Code 32343	Communication Date 1 0 2 2 2 0 0 4		
Name of Employer Occupation			Purpose of Disbursement (including title(s) of communication(s)) Media Buy		
Name of Federal Candidate John F. Kerry	Office Sought: <input 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: <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)			1 3 9 1 4 5 0 0		
TOTAL This Period (last page if as line number only) (carry total from last page to Line 10)			2 0 2 7 9 2 9 9 5		

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WTWC-TV			Date of Disbursement or Obligation M O Y D 1 0 1 0 2 0 0 4	
Mailing Address of Payee 8440 Deerlake Road South			Amount 4,471.00	
City Tallahassee	State FL	Zip Code 32312	Communication Date M O Y D 1 0 2 2 2 0 0 4	
Name of Employer Occupation				

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

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/>	House <input type="checkbox"/>	Senate <input type="checkbox"/>	President <input checked="" type="checkbox"/>	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	House	Senate	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	House	Senate	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 WTXL-TV			Date of Disbursement or Obligation M O Y D 1 0 1 0 2 0 0 4	
Mailing Address of Payee 8440 Deerlake Road South			Amount 5,100.00	
City Tallahassee	State FL	Zip Code 32312	Communication Date M O Y D 1 0 2 2 2 0 0 4	
Name of Employer Occupation				

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

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/>	House <input type="checkbox"/>	Senate <input type="checkbox"/>	President <input checked="" type="checkbox"/>	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	House	Senate	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	House	Senate	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)	8,571.00
TOTAL This Period (last page file and number only) (carry total from last page to Line 10)	20,375,009.5

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WJHG-TV				Date of Disbursement or Obligation 1 0 1 9 2 0 0 4			
Mailing Address of Payee 8195 Front Beach Road				Amount 5 7, 2 3 0, 5 0			
City Panama City		State FL		Zip Code 32407			
Name of Employer Occupation				Communication Date 1 0 2 2 2 0 0 4			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input 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: <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 WMBB-TV				Date of Disbursement or Obligation 1 0 1 9 2 0 0 4			
Mailing Address of Payee 613 Harrison Avenue				Amount 3 1, 7 5 0, 0 0			
City Panama City		State FL		Zip Code 32401			
Name of Employer Occupation				Communication Date 1 0 2 2 2 0 0 4			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input 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: <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) ▶				8 8 9 8 6 5 0			
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line #0)				2 1 2 6 4 8 7 4 5			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WPGX-TV				Date of Disbursement or Obligation 1 0 1 9 2 0 0 4			
Mailing Address of Payee 637 Luverne Avenue				Amount 3,570.00			
City Panama City		State FL		Zip Code 32401		Communication Date 1 0 2 0 0 4	
Name of Employer Occupation				Purpose of Disbursement (including title(s) of communication(s)) Media Buy			
Name of Federal Candidate John F. 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 <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 WUPW-TV				Date of Disbursement or Obligation 1 0 2 0 2 0 0 4			
Mailing Address of Payee 4 Seagate				Amount 3,455.25			
City Toledo		State OH		Zip Code 43604		Communication Date 1 0 2 3 2 0 0 4	
Name of Employer Occupation				Purpose of Disbursement (including title(s) of communication(s)) Media Buy			
Name of Federal Candidate John F. 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 <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)				3 8 1 2 2 5 0			
TOTAL This Period (see page this line number only) (carry total from last page to Line 10)				2 1 6 4 6 0 9 9 5			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WNWO-TV				Date of Disbursement or Obligation 1 0 2 0 2 0 0 4			
Mailing Address of Payee 300 South Byrne Road				Amount 1 1 1, 5 4 5, 5 0			
City Toledo	State OH	Zip Code 43615		Communication Date 1 0 2 3 2 0 0 4			
Name of Employer				Occupation			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input 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: <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 WTVG-TV				Date of Disbursement or Obligation 1 0 2 0 2 0 0 4			
Mailing Address of Payee 4247 Dorr Street				Amount 5 6, 0 4 5, 0 0			
City Toledo	State OH	Zip Code 43607		Communication Date 1 0 2 3 2 0 0 4			
Name of Employer				Occupation			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input 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: <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)				1 7 7, 5 9 0, 5 0			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				2 3 4, 2 2 0, 0 4 5			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee: WYTV-TV</p> <p>Mailing Address of Payee: 3800 Shady Run Road</p> <p>City: Youngstown State: OH Zip Code: 44502</p> <p>Name of Employer: _____ Occupation: _____</p>	<p>Date of Disbursement or Obligation: 1 0 2 0 2 0 0 4</p> <p>Amount: \$ 1 9 4 , 4 3 7 , 5 0</p> <p>Communication Date: 1 0 2 3 2 0 0 4</p>
---	--

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

Media Buy

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	<input type="checkbox"/> Senate	District: _____	Disbursement/Obligation For:
John F. Kerry	<input checked="" type="checkbox"/>	President		<input type="checkbox"/>		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) _____						
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	<input type="checkbox"/> Senate	District: _____	Disbursement/Obligation For:
		<input type="checkbox"/> President				<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) _____						
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	<input type="checkbox"/> Senate	District: _____	Disbursement/Obligation For:
		<input type="checkbox"/> President				<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) _____						

<p>B. Full Name (Last, First, Middle Initial) of Payee: WJW-TV</p> <p>Mailing Address of Payee: 5800 South Marginal Road</p> <p>City: Cleveland State: OH Zip Code: 44103</p> <p>Name of Employer: _____ Occupation: _____</p>	<p>Date of Disbursement or Obligation: 1 0 2 0 2 0 0 4</p> <p>Amount: \$ 1 2 6 , 8 2 0 , 0 0</p> <p>Communication Date: 1 0 2 3 2 0 0 4</p>
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Purpose of Disbursement (including title(s) of communication(s))

Media Buy

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	<input type="checkbox"/> Senate	District: _____	Disbursement/Obligation For:
John F. Kerry	<input checked="" type="checkbox"/>	President		<input type="checkbox"/>		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) _____						
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	<input type="checkbox"/> Senate	District: _____	Disbursement/Obligation For:
		<input type="checkbox"/> President				<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) _____						
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	<input type="checkbox"/> Senate	District: _____	Disbursement/Obligation For:
		<input type="checkbox"/> President				<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) _____						

SUBTOTAL of Disbursements/Obligations This Page (optional) _____ ▶

3 2 1 2 5 7 5 0

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

2 6 6 3 4 5 7 9 5

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WKYC-TV				Date of Disbursement or Obligation 1 0 2 0 2 0 0 4			
Mailing Address of Payee 1333 Lakeside Avenue				Amount 7 0 0 8 2 5 0			
City Cleveland		State OH		Zip Code 44114		Communication Date 1 0 2 0 2 0 0 4	
Name of Employer		Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input 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: <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 WOIO-TV				Date of Disbursement or Obligation 1 0 2 0 2 0 0 4			
Mailing Address of Payee 1717 East 12th Street				Amount 1 5 7 7 6 8 5 0			
City Cleveland		State OH		Zip Code 44114		Communication Date 1 0 2 0 2 0 0 4	
Name of Employer		Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input 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: <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)						2 2 7 8 5 1 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)						2 8 9 1 3 0 8 9 5	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WEWS-TV				Date of Disbursement or Obligation 1 0 / 2 0 / 2 0 0 4			
Mailing Address of Payee 3001 Euclid Avenue				Amount , 2 3 8 , 0 0 0 , 0 0			
City Cleveland		State OH		Zip Code 44115			
Name of Employer				Occupation			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		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:		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 WBNS-TV				Date of Disbursement or Obligation 1 0 / 2 0 / 2 0 0 4			
Mailing Address of Payee 770 Twin Rivers Drive				Amount , 1 0 7 , 2 7 0 , 0 0			
City Columbus		State OH		Zip Code 43215			
Name of Employer				Occupation			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		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:		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)				3 4 5 , 2 7 0 , 0 0			
TOTAL This Period (last page plus line number only) (carry total from last page to Line 10)				3 , 2 3 6 , 5 7 8 , 9 5			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WSYX-TV			Date of Disbursement or Obligation 1 0 2 9 2 0 0 4		
Mailing Address of Payee 1261 Dublin Road			Amount 5 9 9 2 5 0 0		
City Columbus	State OH	Zip Code 43215	Communication Date 1 0 2 9 2 0 0 4		
Name of Employer Occupation					

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

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought:	<input 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:	<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 WCMH-TV			Date of Disbursement or Obligation 1 0 2 0 2 0 0 4		
Mailing Address of Payee 3165 Olentangy River Road			Amount 7 8 4 5 5 0 0		
City Columbus	State OH	Zip Code 43202	Communication Date 1 0 2 0 2 0 0 4		
Name of Employer Occupation					

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

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought:	<input 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:	<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) _____

1 3 8 3 8 0 0 0

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

3 3 7 4 9 5 0 9 5

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WTTE-TV			Date of Disbursement or Obligation 1 0 2 0 2 0 0 4	
Mailing Address of Payee 3165 Olentangy River Road			Amount 4 1 0 1 2 5 0	
City Columbus	State OH	Zip Code 43202	Communication Date 1 0 2 0 2 0 0 4	
Name of Employer Occupation				

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

Media Buy

Name of Federal Candidate John F. Kerry	Office Sought: <input 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: <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 title(s) of communication(s))

Name of Federal Candidate John F. Kerry	Office Sought: <input 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: <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)	4 1 0 1 2 5 0
TOTAL This Period (last page use line number only) (carry total from last page to Line 10)	3 4 1 5 9 7 1 4 5

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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Ex. 15-99</i>	Shipping Date <i>11-17-04</i>
<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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JM 13</i> PREPARER	<i>11-18-04</i> DATE PREPARED

2004年11月18日 11:18:04