

NOV 22 4 9 39

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation

Lori Ann Childress

(b) Address (number and street)  check if different than previously reported

38275 Fleetwood Dr.

(c) City, State and ZIP Code

Farmington Hills, MI 48331

3. FEC Identification Number

C

2. Corporate filers only

Is the filer a qualified nonprofit corporation?  Yes  No

Individual filers only

Name of Employer

Occupation

The Jaques Admiralty Law Firm

Attorney

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report

24-Hour Notice  48-Hour Notice

July 15 Quarterly Report

12-Day Report preceding the election

October 15 Quarterly Report

Type of Election Date of Election State

January 31 Year-End Report

30-Day Report following the General Election

Date of Election State  
11/2/04

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

10/20/03

THROUGH

11/01/04

6. TOTAL CONTRIBUTIONS

0.000

7. TOTAL INDEPENDENT EXPENDITURES

6,834.6

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, conjunction, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party central committee or its agent, in violation of the independent expenditure reporting provisions 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

SIGNATURE

DATE

Lori Ann Childress

*Lori Ann Childress* 11-19-2004

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §10205.

For further information, contact  
Federal Election Commission, 995 E Street, N.W., Washington, D.C. 20543 Tel: Free 800-426-6530, Local 202-694-1100

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee  
**AMERICAN MAILERS**

Date

10 / 29 / 2004

Mailing Address

100 AMERICAN WAY

Amount

68846

City

DETROIT

State

MI

Zip Code

48209-4013

Purpose of Expenditure

cost of mailing, paper, stamps

Category Type

Functional

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Check One:

Support

Oppose

Names of Federal Candidates Supported or Opposed by Expenditure:

Senator John Kerry

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

Calendar Year-To-Date Per Election  
for Office Sought

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City

State

Zip Code

Purpose of Expenditure

Category Type

Names of Federal Candidates Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office Sought

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City

State

Zip Code

Purpose of Expenditure

Category Type

Names of Federal Candidates Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office Sought

Date

10 / 29 / 2004

Amount

68846

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Check One:

Support

Oppose

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures

68846

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures  
(carry total from last page forward to Line 7)

68846

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 checked="" type="checkbox"/> USPS First Class Mail	Postmarked 11/17/04
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>SW</i>	11/22/04
PREPARER	DATE PREPARED