



To: FEC FAX (Business Fax)

Fax number: (202) 219-0174

From: Political Compliance Services, Inc.

Fax number: 703-425-6352

Business phone:

Home phone:

Date & Time: 10/9/2004 2:01:28 PM

Pages: 33

Re: SWP Boat Vets Form 9

32 page + cover

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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

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

(b) Address (number and street) check if different than previously reported
 P.O. Box 26164

(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
 10 05 2004
 through
 10 08 2004

5. (a) Date of Public Distribution(s) 10 09 2004 **(b) Communication Title** Dishonored

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 26164

(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 799075.00

10. Total Disbursements/Obligations This Statement 4556340.70

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 10/9/2004

NOTE: Submission of this statement to the Commission constitutes the person's signing the statement to the penalties of 2 U.S.C. §437g.

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

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11. Person(s) Sharing/Exercising Control

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

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor William Becker</p> <p>Mailing Address of Donor 903 Millard Court</p> <p>City State Zip Daytona Beach FL 32117</p>	<p>Date of Receipt 10/07/2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Norman Blake</p> <p>Mailing Address of Donor 11179 Estancia Way</p> <p>City State Zip Carmel IN 46032</p>	<p>Date of Receipt 10/05/2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Norman Blake</p> <p>Mailing Address of Donor 11179 Estancia Way</p> <p>City State Zip Carmel IN 46032</p>	<p>Date of Receipt 10/05/2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Glenda Bracken Williams</p> <p>Mailing Address of Donor 4212 San Carlos St</p> <p>City State Zip Dallas TX 75205</p>	<p>Date of Receipt 10/07/2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor John Brinkerhoff</p> <p>Mailing Address of Donor 5411 Point Longstreet Way</p> <p>City State Zip Burke VA 22015</p>	<p>Date of Receipt 10/05/2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page line number only) ▶ (carry total from last page to Line 5)</p>	<p>250000</p> <p>250000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John Brinkerhoff</p> <p>Mailing Address of Donor 5411 Point Longstreet Way</p> <p>City State Zip Burke VA 22015</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Jan Burrows</p> <p>Mailing Address of Donor 1993 West 3500 North</p> <p>City State Zip Heiper UT 84526</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Jan Burrows</p> <p>Mailing Address of Donor 1993 West 3500 North</p> <p>City State Zip Heiper UT 84526</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Jan Burrows</p> <p>Mailing Address of Donor 1993 West 3500 North</p> <p>City State Zip Heiper UT 84526</p>	<p>Date of Receipt 08 17 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor RAY CHASE</p> <p>Mailing Address of Donor P.O. Box 882435</p> <p>City State Zip Steamboat Springs CO 80488</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>212500</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to line 9)</p>	<p>462500</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor RAY CHASE</p> <p>Mailing Address of Donor P.O. Box 882435</p> <p>City State Zip Steamboat Springs CO 80488</p>	<p>Date of Receipt 08 05 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Charles Coupe</p> <p>Mailing Address of Donor 1715 Ihiloa Place</p> <p>City State Zip Honolulu HI 96821</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Joe Crail</p> <p>Mailing Address of Donor 1020 Las Lomas Ave.</p> <p>City State Zip PACIFIC PALISADES CA 90272</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Joe Crail</p> <p>Mailing Address of Donor 1020 Las Lomas Ave</p> <p>City State Zip Pacific Palisades CA 90272</p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 10000</p>
<p>E. Full Name of Donor Joe Crail</p> <p>Mailing Address of Donor 1020 Las Lomas Ave.</p> <p>City State Zip Pacific Palisades CA 90272</p>	<p>Date of Receipt 08 27 2004</p> <p>Amount 25000</p>

<p>SUBTOTAL of Donations This Page (optional).....</p>	<p>160000</p>
<p>TOTAL This Period (see page two line number only)..... <small>(carry total from last page to Line 9)</small></p>	<p>622500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Joe Crail</p> <p>Mailing Address of Donor 1020 Las Lomas Ave</p> <p>City State Zip Pacific Palisades CA 90272</p>	<p>Date of Receipt 10 3 0 8 10 6 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Joe Crail</p> <p>Mailing Address of Donor 1020 Las Lomas Ave.</p> <p>City State Zip Pacific Palisades CA 90272</p>	<p>Date of Receipt 10 3 0 8 1 5 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor Doctor Grants</p> <p>Mailing Address of Donor 102 Woodmont Blvd., Suite 800</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt 1 0 0 8 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor gregory czura</p> <p>Mailing Address of Donor 559 Cafferty Road</p> <p>City State Zip Tinicum Twp PA 18972</p>	<p>Date of Receipt 1 0 0 8 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor Steven Diehl</p> <p>Mailing Address of Donor 20311 Parkwood Court</p> <p>City State Zip Hagerstown MD 21742</p>	<p>Date of Receipt 1 0 0 8 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (uplicate).....▶</p>	<p>2 0 0 0 0 0</p>
<p>TOTAL This Period (last page has line number only).....▶ (carry total from last page to Line 5)</p>	<p>8 2 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Kenneth D. Duggin</p> <p>Mailing Address of Donor 4295 Neitzey Pl</p> <p>City State Zip Alexandria VA 22309</p>	<p>Date of Receipt 10/05/2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor William Dwyer</p> <p>Mailing Address of Donor 2 Maryland Circle APT 304</p> <p>City State Zip Whitehall PA 18052</p>	<p>Date of Receipt 10/05/2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Ross Estep Sr</p> <p>Mailing Address of Donor 121 Interprk Blvd</p> <p>City State Zip San Antonio TX 78216</p>	<p>Date of Receipt 10/07/2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor Stephen Finn</p> <p>Mailing Address of Donor 7103 S Revere Pkwy</p> <p>City State Zip Centennial CO 80112</p>	<p>Date of Receipt 10/07/2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Jerre Freeman</p> <p>Mailing Address of Donor 6485 Poplar Avenue</p> <p>City State Zip Memphis TN 38119</p>	<p>Date of Receipt 10/08/2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>450000</p>
<p>TOTAL This Period (fill page this one number only)</p> <p>(copy total from last page to Line 9)</p>	<p>1272500</p>

24038533289

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Michael Futrell</p> <p>Mailing Address of Donor 10875 Belle Cour Way</p> <p>City State Zip Shreveport LA 71106</p>	<p>Date of Receipt 10 07 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor Lawrence Gelman</p> <p>Mailing Address of Donor 3900 Sundown Dr</p> <p>City State Zip McAllen TX 78503</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Bruce Gescheider</p> <p>Mailing Address of Donor 14250 Sorrel Lane</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Bruce Gescheider</p> <p>Mailing Address of Donor 14250 Sorrel Lane</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Doyle Glass</p> <p>Mailing Address of Donor 2008 Starmont Road</p> <p>City State Zip Louisville KY 40207</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>4 000 00</p>
<p>TOTAL This Period (last page thru this number only) (carry total from last page to line 5)</p>	<p>1 672 500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Tom Gumprecht</p> <p>Mailing Address of Donor 7445 S.E. 71st St</p> <p>City State Zip Mercer Island WA 98040</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 5 00 00</p>
<p>B. Full Name of Donor Joanne Hart</p> <p>Mailing Address of Donor 600 Columbus Avenue, Apt 12J</p> <p>City State Zip New York NY 10024</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 5 00 00</p>
<p>C. Full Name of Donor Mark Hemstreet</p> <p>Mailing Address of Donor 11600 SW Shilo Lane</p> <p>City State Zip Portland OR 97225</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 1 00 00</p>
<p>D. Full Name of Donor deane hockersmith</p> <p>Mailing Address of Donor 14705 24th avenue s. e.</p> <p>City State Zip mill creek WA 98012</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 1 00 00</p>
<p>E. Full Name of Donor Robert Johnson</p> <p>Mailing Address of Donor 1500 6th St South</p> <p>City State Zip Minneapolis MN 55454</p>	<p>Date of Receipt 10 07 2004</p> <p>Amount 2 50 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>5 10 00</p>
<p>TOTAL This Period (Total page this line number only) (carry total from last page to line 9)</p>	<p>2 18 25 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Dennis Jones</p> <p>Mailing Address of Donor 1700 South Warson Road</p> <p>City State Zip Saint Louis MO 63124</p>	<p>Date of Receipt 10 07 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor PHILIP KAUFMAN</p> <p>Mailing Address of Donor 1335 HERITAGE PLACE</p> <p>City State Zip THOUSAND OAKS CA 91362</p>	<p>Date of Receipt 10 07 2004</p> <p>Amount 1 600 00</p>
<p>C. Full Name of Donor Peter La Prade</p> <p>Mailing Address of Donor 18233 N. 53rd Street</p> <p>City State Zip Scottsdale AZ 85254</p>	<p>Date of Receipt 10 07 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Peter La Prade</p> <p>Mailing Address of Donor 18233 N. 53rd Street</p> <p>City State Zip Scottsdale AZ 85254</p>	<p>Date of Receipt 09 08 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Doug Latimer</p> <p>Mailing Address of Donor 911 Bayridge</p> <p>City State Zip La Porte TX 77571</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 5 000 00</p>

<p>SUBTOTAL of Donations (This Page optional)</p>	<p>5 000 00</p>
<p>TOTAL This Period (last page for line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>2 682 500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Doug Latimer</p> <p>Mailing Address of Donor 911 Bayridge</p> <p>City State Zip La Porte TX 77571</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor France A. Laux</p> <p>Mailing Address of Donor 13869 N Buckingham Dr</p> <p>City State Zip Tucson AZ 85737</p>	<p>Date of Receipt 10 07 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor STEVEN LEVINE</p> <p>Mailing Address of Donor 26800 DEGAS LANE</p> <p>City State Zip VALENCIA CA 91355</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor Richard Levy</p> <p>Mailing Address of Donor P.O. Box 2356 (887 Wildrose Circle)</p> <p>City State Zip Lake Arrowhead CA 92352</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Ralph Lisie</p> <p>Mailing Address of Donor 3960 Adams St</p> <p>City State Zip Carlsbad CA 92008</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 5 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 250 00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from first page to line 8)</p>	<p>3 007 500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Ralph Lisie</p> <p>Mailing Address of Donor 3960 Adams St</p> <p>City State Zip Carlsbad CA 92008</p>	<p>Date of Receipt 10 01 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Reynard Long</p> <p>Mailing Address of Donor 3405 SE 9th Ave</p> <p>City State Zip Portland OR 97202</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Patricia Lynch</p> <p>Mailing Address of Donor PO Box 2176</p> <p>City State Zip Edwards CO 81632</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor charles matthews</p> <p>Mailing Address of Donor 535 w 3rd st</p> <p>City State Zip dover OH 44622</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Hazel G. Meske</p> <p>Mailing Address of Donor 11 Upper Woodcrest Rd</p> <p>City State Zip Berwick PA 18603</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>4 500 00</p>
<p>TOTAL This Period (last page fills the number only) (carry total from last page to Line 8)</p>	<p>3 457 500</p>

SCHEDULE B-A
Donation(s) Received

A. Full Name of Donor
Owen Mills

Mailing Address of Donor
2900 West Gunsite Road

City **State** **Zip**
Pauident AZ 85334

Date of Receipt
10 08 2004

Amount
1 000 000

B. Full Name of Donor
Owen Mills

Mailing Address of Donor
2900 West Gunsite Road

City **State** **Zip**
Pauident AZ 86334

Date of Receipt
09 09 2004

Amount
5 000 000

C. Full Name of Donor
G. Mason Oberlin

Mailing Address of Donor
48 Duck Cove Cir

City **State** **Zip**
Berlin MD 21811

Date of Receipt
10 08 2004

Amount
1 000 000

D. Full Name of Donor
Bob J. Perry

Mailing Address of Donor
P.O. Box 34153

City **State** **Zip**
Houston TX 77234

Date of Receipt
08 06 2004

Amount
7 500 000

E. Full Name of Donor
Charles Pierce

Mailing Address of Donor
3542 Bayard Drive

City **State** **Zip**
Cincinnati OH 45208

Date of Receipt
10 08 2004

Amount
1 000 000

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (and page like this number only)

(carry total from last page to Line 9)

7 535 000

7 880 750

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Thomas Reser</p> <p>Mailing Address of Donor 19349 W Noel Rd</p> <p>City State Zip Elwood IL 60421</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor Gordon Richardson</p> <p>Mailing Address of Donor 128 Ocean Blvd</p> <p>City State Zip Isle of Palms SC 29451</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Gordon Richardson</p> <p>Mailing Address of Donor 128 Ocean Blvd</p> <p>City State Zip Isle of Palms SC 29451</p>	<p>Date of Receipt 09 13 2004</p> <p>Amount 5 000 00</p>
<p>D. 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 05 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Thomas Shanahan</p> <p>Mailing Address of Donor 100 Manzanita Way</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 5 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 500 00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(copy total from last page to Line 9)</p>	<p>7 915 75 00</p>

SCHEDULE 3-A
Donation(s) Received

A. Full Name of Donor James Shiley			Date of Receipt 10 09 2004	
Mailing Address of Donor 608 SW Arboretum Circle			Amount 2 500 00	
City Portland	State OR	Zip 97221		

B. Full Name of Donor James Shiley			Date of Receipt 08 20 2004	
Mailing Address of Donor 608 SW Arboretum Circle			Amount 2 500 00	
City Portland	State OR	Zip 97221		

C. Full Name of Donor James Shiley			Date of Receipt 08 02 2004	
Mailing Address of Donor 608 SW Arboretum Circle			Amount 2 500 00	
City Portland	State OR	Zip 97221		

D. Full Name of Donor James Shiley			Date of Receipt 05 08 2004	
Mailing Address of Donor 608 SW Arboretum Circle			Amount 2 500 00	
City Portland	State OR	Zip 97221		

E. Full Name of Donor Richard H. Verheij			Date of Receipt 10 07 2004	
Mailing Address of Donor 76 Hollow Tree Ridge Rd			Amount 1 000 00	
City Darien	State CT	Zip 06820		

SUBTOTAL of Donations This Page (optional)	2 000 00
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	7 935 75 00

24038533307

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor James A. West</p> <p>Mailing Address of Donor 2857 Oxford Blvd Bldg 200</p> <p>City State Zip Allison Park PA 15101</p>	<p>Date of Receipt 08 05 2004</p> <p>Amount 200000</p>
<p>B. Full Name of Donor James A. West</p> <p>Mailing Address of Donor 2857 Oxford Blvd.-Bldg#200</p> <p>City State Zip Allison Park PA 15101</p>	<p>Date of Receipt 08 17 2004</p> <p>Amount 500000</p>
<p>C. Full Name of Donor Sam Wilcoxon</p> <p>Mailing Address of Donor 64 Falcon Hills Dr</p> <p>City State Zip Highlands Ranch CO 80126</p>	<p>Date of Receipt 08 05 2004</p> <p>Amount 500000</p>
<p>D. Full Name of Donor Gary Wood</p> <p>Mailing Address of Donor 11201 Fox Meadow DR</p> <p>City State Zip Richmond VA 23233</p>	<p>Date of Receipt 08 05 2004</p> <p>Amount 500000</p>
<p>E. Full Name of Donor Gary Wood</p> <p>Mailing Address of Donor 11201 Fox Meadow DR</p> <p>City State Zip Richmond VA 23233</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 500000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>450000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line B)</p>	<p>79807500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Peter Zieve</p> <p>Mailing Address of Donor 4606 107th St SW</p> <p>City Mukilteo State WA Zip 98275</p>	<p>Date of Receipt 10/06/04</p> <p>Amount 1000.00</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1000.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>799075.00</p>

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 333300	
City Middleburg	State VA	Zip Code 23311		Commission Date 09 29 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 09 07 2004	
Mailing Address of Payee 600 Fairmount Avenue, Suite 306				Amount 21632770	
City Towson	State MD	Zip Code 21286		Commission Date 09 09 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 type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursement/Obligations This Page (optional)				21866070	
TOTAL This Period (last page this line reenter only) (carry total from last page to line 10)				21866070	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee CNN				Date of Disbursement or Obligation 10 07 2004	
Mailing Address of Payee One CNN Center				Amount 10408250	
City Atlanta	State GA	Zip Code 30303		Communication Date 10 09 2004	
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 FOX NEWS				Date of Disbursement or Obligation 10 07 2004	
Mailing Address of Payee 1211 Avenue of the Americas				Amount 31893500	
City New York	State NY	Zip Code 10038		Communication Date 10 09 2004	
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)				42291750	
TOTAL This Period (less page this line number only) (carry total from last page to line 10)				64157820	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WUPW-TV				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4	
Mailing Address of Payee 4 Seagate				Amount 8 6 0 2 0 0	
City Toledo	State OH	Zip Code 43604		Communication Date 1 0 0 8 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:	State: District:	Disbursement/Obligation For:		
Name of Federal Candidate	Office Sought:	State: District:	Disbursement/Obligation For:		
B. Full Name (Last, First, Middle Initial) of Payee WNWO-TV				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4	
Mailing Address of Payee 300 South Byrne Road				Amount 3 3 7 6 2 0 0	
City Toledo	State OH	Zip Code 43615		Communication Date 1 0 0 8 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:	State: District:	Disbursement/Obligation For:		
Name of Federal Candidate	Office Sought:	State: District:	Disbursement/Obligation For:		
SUBTOTAL of Disbursements/Obligations This Page (optional)				4 2 3 6 4 0 0	
TOTAL This Period (last page title line number only) (carry total from last page to line 10)				6 8 3 9 4 2 2 0	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WTOL-TV			Date of Disbursement or Obligation 10 07 2004	
Mailing Address of Payee 730 North Summit Street			Amount 510000	
City Toledo	State OH	Zip Code 43699	Communication Date 10 09 2004	
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 10 07 2004	
Mailing Address of Payee 4247 Dorr Street			Amount 6727750	
City Toledo	State OH	Zip Code 43607	Communication Date 10 09 2004	
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)			7237750	
TOTAL This Period (last page the five number only) (carry total from last page to Line 10)			75631970	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WYFX-TV				Date of Disbursement or Obligation 10/07/2004	
Mailing Address of Payee 3930 Sunset Blvd.				Amount 2,785.00	
City Youngstown	State OH	Zip Code 44512		Communication Date 10/06/2004	
Name of Employer Occupation					
Purpose of Disbursement (including type) 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 WKBN-TV				Date of Disbursement or Obligation 10/07/2004	
Mailing Address of Payee 3930 Sunset Blvd.				Amount 1,483.25	
City Youngstown	State OH	Zip Code 44512		Communication Date 10/09/2004	
Name of Employer Occupation					
Purpose of Disbursement (including type) 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)				1,712.75	
TOTAL This Period (last page lists the number only) (carry total from last page to Line 10)				7,734,472.00	

24038533314

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WFMJ-TV				Details of Disbursement or Obligation 1 0 0 7 2 0 0 4	
Mailing Address of Payee 101 West Boardman Street				Amount 2 8 9 2 5 0	
City Youngstown	State OH	Zip Code 44503	Communication Date 1 0 0 9 2 0 0 4		
Name of Employer Occupation					
Purpose of Disbursement (Including Name(s) of administrator(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	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 WYTV-TV				Details of Disbursement or Obligation 1 0 0 7 2 0 0 4	
Mailing Address of Payee 3800 Shady Run Road				Amount 3 7 1 0 2 5 0	
City Youngstown	State OH	Zip Code 44502	Communication Date 1 0 0 9 2 0 0 4		
Name of Employer Occupation					
Purpose of Disbursement (Including Name(s) of administrator(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	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)				6 6 0 2 8 0 0	
TOTAL This Person (see page 1 for line number only) (carry over from last page to line 10)				8 5 9 4 7 5 2 0	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WHIO-TV			Date of Disbursement or Obligation Year: 10 07 2004
Mailing Address of Payee 1414 Wilmington Avenue			Amount 5,100.00
City Dayton	State OH	Zip Code 45420	Communication Date 10 08 2004
Name of Employer Occupation			

Purpose of Disbursement (including title) 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 WDTN-TV			Date of Disbursement or Obligation Year: 10 07 2004
Mailing Address of Payee 4595 South Dixie			Amount 8,250.00
City Dayton	State OH	Zip Code 45439	Communication Date 10 08 2004
Name of Employer Occupation			

Purpose of Disbursement (including title) 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) _____

1402500
85350020

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WKEF-TV			Date of Disbursement or Obligation 10 07 2004
Mailing Address of Payee 1731 Soldiers Home Road			Amount 4019650
City Dayton	State OH	Zip Code 45418	Communication Date 10 09 2004
Name of Employer			Occupation

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

Media Buy

Name of Federal Candidate John F. Keny	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 WFGT-TV			Date of Disbursement or Obligation 10 07 2004
Mailing Address of Payee 45 Broadcast Plaza			Amount 1025100
City Dayton	State OH	Zip Code 45408	Communication Date 10 09 2004
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) _____ ▶

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

5044750
90394770

24038533317

SCHEDULE 9-B

PAGE 28 OF 32

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WKRC-TV				Date of Disbursement or Obligation 10 07 2004	
Mailing Address of Payee 1906 Highland Avenue				Amount 10625000	
City Cincinnati	State OH	Zip Code 45219		Communication Date 10 09 2004	
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 WCPO-TV				Date of Disbursement or Obligation 10 07 2004	
Mailing Address of Payee 1720 Gilbert Avenue				Amount 9076000	
City Cincinnati	State OH	Zip Code 45202		Communication Date 10 09 2004	
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)				19703000	
TOTAL This Period (last page this line number only) (carry total from 1881 page to Line 10)				10097770	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WXIX-TV				Date of Disbursement or Obligation Month Day Year 10 07 2004	
Mailing Address of Payee 635 West 7th Street				Amount 7235500	
City Cincinnati	State OH	Zip Code 45203	Communication Date 10 09 2004		
Name of Employer Occupation					
Purpose of Disbursement (including title) of contribution(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	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 WLWT-TV				Date of Disbursement or Obligation Month Day Year 10 07 2004	
Mailing Address of Payee 1700 Young Street				Amount 4462500	
City Cincinnati	State OH	Zip Code 45202	Communication Date 10 09 2004		
Name of Employer Occupation					
Purpose of Disbursement (including title) of contribution(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	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)				6693000	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				16795770	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WJW-TV				Date of Disbursement or Obligation 10 07 2004	
Mailing Address of Payee 5800 South Marginal Road				Amount 3961000	
City Cleveland	State OH	Zip Code 44114		Communication Date 10 09 2004	
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 WKYC-TV				Date of Disbursement or Obligation 10 07 2004	
Mailing Address of Payee 1333 Lakeside Avenue				Amount 7174000	
City Cleveland	State OH	Zip Code 44114		Communication Date 10 09 2004	
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)				11135000	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				127930770	

24038533320

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payor WOIO-TV		Date of Disbursement or Obligation 10 07 2004	
Mailing Address of Payor 1717 East 12th Street		Amount 6001000	
City Cleveland	State OH	Zip Code 44114	Communication Date 10 09 2004
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 WEWS-TV		Date of Disbursement or Obligation 10 07 2004	
Mailing Address of Payee 3001 Euclid Avenue		Amount 6860000	
City Cleveland	State OH	Zip Code 44115	Communication Date 10 09 2004
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)		12859000	
TOTAL This Period (per page this line number only) (copy total from last page to line 10)		140799770	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WBNS-TV				Date of Disbursement or Obligation 10 07 2004	
Mailing Address of Payee 770 Twin Rivers Drive				Amount 7990000	
City Columbus	State OH	Zip Code 43215		Communication Date 10 08 2004	
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 WSYX-TV				Date of Disbursement or Obligation 10 07 2004	
Mailing Address of Payee 1261 Dublin Road				Amount 2048500	
City Columbus	State OH	Zip Code 43215		Communication Date 10 08 2004	
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	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)				10038500	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				150838270	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
WCMH-TV

Mailing Address of Payee
3165 Orientangy River Road

City Columbus **State** OH **Zip Code** 43202

Name of Employer Occupation

Date of Disbursement or Obligation
10 07 2004

Amount
6026500

Communication Date
10 08 2004

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

Media Buy

Name of Federal Candidate John F. Keny	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
WTTE-TV

Mailing Address of Payee
3165 Orientangy River Road

City Columbus **State** OH **Zip Code** 43202

Name of Employer Occupation

Date of Disbursement or Obligation
10 07 2004

Amount
5780000

Communication Date
10 08 2004

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

Media Buy

Name of Federal Candidate John F. Keny	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) ▶ 6604500

TOTAL This Period (last page this line number only) ▶ 157442770
(carry total from last page to Line 10)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Stevens Reed Curcio & Potholm			Date of Disbursement or Obligation 1 0 0 8 2 0 0 4
Mailing Address of Payee 305 Cameron Street			Amount 1 1 9 1 3 0 0
City Alexandria	State VA	Zip Code 22314	Communication Date 1 0 0 8 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"/> 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

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Date of Disbursement or Obligation

Amount

Communication Date

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

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: <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 (colomb):

TOTAL This Form (last page this line number only)
(carry tabs from last page to Line 10)

1 1 9 1 3 0 0
1 5 8 8 3 4 0 7 0

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
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
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