

SEP 30 10 14 36

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 <u>Swift Boat Vets and POWs for Truth</u> | |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported <u>P.O. Box 26184</u> | 2. FEC Identification Number <u>C</u> |
| (c) City, State and ZIP Code <u>Alexandria VA 22314</u> | |
| (d) Name of Employer or Principal Place of Business | (e) Occupation |
| 3. Is This Statement | |
| <input checked="" type="checkbox"/> New | 4. Covering Period |
| <input type="checkbox"/> Amended | |
| 09 22 2004 through 09 29 2004 | |
| 5. (a) Date of Public Distribution(s) <u>09 30 2004</u> (b) Communication Title <u>Never Forget</u> | |
| 6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 8. Custodian of Records | |
| (a) Name <u>Weymouth D. Symmes</u> | |
| (b) Address (number and street) <u>P.O. Box 26184</u> | |
| (c) City, State and ZIP Code <u>Alexandria VA 22313</u> | |
| (d) Name of Employer or Principal Place of Business <u>Retired</u> | (e) Occupation <u>Retired</u> |
| 9. Total Donations This Statement <u>1,581,400.00</u> | |
| 10. Total Disbursements/Obligations This Statement <u>1,382,152.60</u> | |

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 9/30/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this 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 John A. Home | (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 Lonnie L Abernethy</p> <p>Mailing Address of Donor 4301 Santa Rita</p> <p>City State Zip El Paso TX 79902</p> | <p>Date of Receipt 09 22 2004</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>B. Full Name of Donor Charles Akin</p> <p>Mailing Address of Donor 10187 Sugar Creek Road</p> <p>City State Zip Bentonville AR 72712</p> | <p>Date of Receipt 09 23 2004</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>C. Full Name of Donor Charles Akin</p> <p>Mailing Address of Donor 10187 Sugar Creek Road</p> <p>City State Zip Bentonville AR 72712</p> | <p>Date of Receipt 09 02 2004</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>D. Full Name of Donor PAT ALEXANDER</p> <p>Mailing Address of Donor #1130 601 CARLSON PARKWAY</p> <p>City State Zip HOPKINS MN 55305</p> | <p>Date of Receipt 09 22 2004</p> <p>Amount 5 0 0 0 0 0</p> |
| <p>E. Full Name of Donor Matthew Ambrose</p> <p>Mailing Address of Donor 30409 NE 183rd St.</p> <p>City State Zip Duvall WA 98019</p> | <p>Date of Receipt 09 25 2004</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional)</p> | <p>4 1 0 0 0 0</p> |
| <p>TOTAL This Period (last page this line number only) (carry total from last page to Line 3)</p> | <p>4 1 0 0 0 0</p> |

SCHEDULE 9-A
Donation(s) Received

| | | | | |
|--|---------------------------|----------------------------|--|--|
| A. Full Name of Donor Donald E. Benkert | | | Date of Receipt M M Y Y 0 9 2 9 2 0 0 4 | |
| Mailing Address of Donor 1234 Blair Ave. | | | Amount 1 0 0 0 0 0 | |
| City South Pasadena | State CA | Zip 91030 | | |
| B. Full Name of Donor Donald E. Benkert | | | Date of Receipt M M Y Y 0 9 2 9 2 0 0 4 | |
| Mailing Address of Donor 1234 Blair Ave. | | | Amount 1 0 0 0 0 0 | |
| City South Pasadena | State CA | Zip 91030 | | |
| C. Full Name of Donor William Carroll | | | Date of Receipt M M Y Y 0 9 2 2 2 0 0 4 | |
| Mailing Address of Donor PO Box 1363 | | | Amount 5 0 0 0 0 0 | |
| City Boca Grande | State FL | Zip 33921 | | |
| D. Full Name of Donor William and Joan Carroll | | | Date of Receipt M M Y Y 0 9 2 9 2 0 0 4 | |
| Mailing Address of Donor PO Box 1363 | | | Amount 5 0 0 0 0 0 | |
| City Boca Grande | State FL | Zip 33921 | | |
| E. Full Name of Donor Jack E. Caveney | | | Date of Receipt M M Y Y 0 9 2 9 2 0 0 4 | |
| Mailing Address of Donor 17301 South Ridgeland Avenue | | | Amount 2 5 0 0 0 0 0 0 | |
| City Tinley Park | State IL | Zip 60477 | | |
| SUBTOTAL of Donations This Page (optional) | | | 2 8 0 0 0 0 0 0 | |
| TOTAL This Period (last page this line number only) (carry total from last page to line 8) | | | 3 2 1 0 0 0 0 0 | |

SCHEDULE 9-A
Donation(s) Received

| | |
|--|--|
| <p>A. Full Name of Donor Frank W. Cawood</p> <p>Mailing Address of Donor 103 Clover Green</p> <p>City State Zip Peachtree City GA 30269</p> | <p>Date of Receipt 0 9 / 2 3 / 2 0 0 4</p> <p>Amount 5 0 0 0 0 0 0</p> |
| <p>B. Full Name of Donor CRAIG COKER</p> <p>Mailing Address of Donor 6179 TULLY ROAD</p> <p>City State Zip MODESTO CA 95356</p> | <p>Date of Receipt 0 9 / 2 2 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0</p> |
| <p>C. Full Name of Donor Noel Coon</p> <p>Mailing Address of Donor 4300 Melianani Place</p> <p>City State Zip Wailea HI 96753</p> | <p>Date of Receipt 0 9 / 2 6 / 2 0 0 4</p> <p>Amount 2 5 0 0 0 0 0</p> |
| <p>D. Full Name of Donor Harold D. Courson</p> <p>Mailing Address of Donor 1800 South Main</p> <p>City State Zip Pennyton TX 79070</p> | <p>Date of Receipt 0 9 / 2 8 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0 0 0</p> |
| <p>E. Full Name of Donor J.WILLIAM OR JANICE C. CROUCH</p> <p>Mailing Address of Donor 4949 SYRACUSE, SUITE 430</p> <p>City State Zip DENVER CO 80237</p> | <p>Date of Receipt 0 9 / 2 2 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶</p> | <p>1 5 4 5 0 0 0 0 0</p> |
| <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line B)</p> | <p>1 6 8 6 0 0 0 0 0</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor HUGH CULVERHOUSE</p> <p>Mailing Address of Donor 2601 SOUTH BAYSHORE DRIVE PH-C</p> <p>City State Zip COCONUT GROVE FL 33133</p> | <p>Date of Receipt 09 23 2004</p> <p>Amount 1,000.00</p> |
| <p>B. Full Name of Donor Julia Sterns Dockweiler</p> <p>Mailing Address of Donor 10590 Wilshire Blvd #1103</p> <p>City State Zip Los Angeles CA 90024</p> | <p>Date of Receipt 09 23 2004</p> <p>Amount 1,000.00</p> |
| <p>C. Full Name of Donor CHRISTOPHER DUANE</p> <p>Mailing Address of Donor 16 SPRING VIEW DR</p> <p>City State Zip MORRISTOWN NJ 07960</p> | <p>Date of Receipt 09 20 2004</p> <p>Amount 1,000.00</p> |
| <p>D. 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 08 22 2004</p> <p>Amount 1,000.00</p> |
| <p>E. Full Name of Donor Donald Eiler</p> <p>Mailing Address of Donor 3111 Bel Air Drive #18G</p> <p>City State Zip Las Vegas NV 89109</p> | <p>Date of Receipt 08 22 2004</p> <p>Amount 500.00</p> |
| <p>SUBTOTAL of Donations This Page (optional)</p> | <p>4,500.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line B)</p> | <p>19,100.00</p> |

SCHEDULE 9-A
Donation(s) Received

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| | | | | |
|--|---------------------------|----------------------------|--|--|
| A. Full Name of Donor JAMES G. FLOYD | | | Date of Receipt M M Y Y Y Y 0 9 2 2 2 0 0 4 | |
| Mailing Address of Donor 2400 AUGUSTA, SUITE 212 | | | Amount 1 0 0 0 0 0 0 | |
| City HOUSTON | State TX | Zip 77057 | | |
| B. Full Name of Donor MICHAEL FUTRELL | | | Date of Receipt M M Y Y Y Y 0 9 2 2 2 0 0 4 | |
| Mailing Address of Donor 10875 BELLE GOUR WAY | | | Amount 1 0 0 0 0 0 0 | |
| City SHREVEPORT | State LA | Zip 71106 | | |
| C. Full Name of Donor Richard Gable | | | Date of Receipt M M Y Y Y Y 0 9 2 5 2 0 0 4 | |
| Mailing Address of Donor 4515 Willard Ave., Apt. 2318 | | | Amount 5 0 0 0 0 0 0 | |
| City Chevy Chase | State MD | Zip 20815 | | |
| D. Full Name of Donor Lawrence Garatoni | | | Date of Receipt M M Y Y Y Y 0 9 2 2 2 0 0 4 | |
| Mailing Address of Donor 315 W. Jefferson Blvd. | | | Amount 1 0 0 0 0 0 0 | |
| City South Bend | State IN | Zip 46601 | | |
| E. Full Name of Donor ROBERT GARVY | | | Date of Receipt M M Y Y Y Y 0 9 2 2 2 0 0 4 | |
| Mailing Address of Donor 200 ESPLANADE WAY | | | Amount 1 0 0 0 0 0 0 | |
| City PALM BEACH | State FL | Zip 33480 | | |
| SUBTOTAL of Donations This Page (optional) | | | 1 3 5 0 0 0 0 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 9) | | | 2 0 4 6 0 0 0 | |

SCHEDULE 9-A
Donation(s) Received

| | | | | | |
|--|-------|-------|---|--|--|
| A. Full Name of Donor lawrence gelman | | | Date of Receipt M M . D D . Y Y Y Y 0 9 . 2 3 . 2 0 0 4 | | |
| Mailing Address of Donor 3900 sundown dr | | | Amount 1,000.00 | | |
| City | State | Zip | | | |
| mcallen | TX | 78503 | | | |
| B. Full Name of Donor L. E. Gibens | | | Date of Receipt M M . D D . Y Y Y Y 0 9 . 2 3 . 2 0 0 4 | | |
| Mailing Address of Donor 860 DeBeau | | | Amount 500.00 | | |
| City | State | Zip | | | |
| Tupelo | MS | 38804 | | | |
| C. Full Name of Donor L. E. Gibens | | | Date of Receipt M M . D D . Y Y Y Y 0 9 . 2 3 . 2 0 0 4 | | |
| Mailing Address of Donor 860 DeBeau | | | Amount 500.00 | | |
| City | State | Zip | | | |
| Tupelo | MS | 38804 | | | |
| D. Full Name of Donor WILLIAM L. HANLEY | | | Date of Receipt M M . D D . Y Y Y Y 0 9 . 2 2 . 2 0 0 4 | | |
| Mailing Address of Donor 250 JUNGLE ROAD | | | Amount 5,000.00 | | |
| City | State | Zip | | | |
| PALM BEACH | FL | 33480 | | | |
| E. Full Name of Donor Frank Hawkins | | | Date of Receipt M M . D D . Y Y Y Y 0 9 . 2 7 . 2 0 0 4 | | |
| Mailing Address of Donor 204 Ocean Drive | | | Amount 1,000.00 | | |
| City | State | Zip | | | |
| Tavernier | FL | 33070 | | | |
| SUBTOTAL of Donations This Page (optional) | | | 8,000.00 | | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 9) | | | 21,260.00 | | |

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
 Larry head
Mailing Address of Donor
 po box 468
 City State Zip
 celina TN 38551

Date of Receipt
 09 23 2004
Amount
 50000

B. Full Name of Donor
 Larry head
Mailing Address of Donor
 po box 468
 City State Zip
 celina TN 38551

Date of Receipt
 09 23 2004
Amount
 50000

C. Full Name of Donor
 SAM & SHIRLEY HERTOGS
Mailing Address of Donor
 1350 S FRONTAGE ROAD
 City State Zip
 HASTINGS MN 55033

Date of Receipt
 09 22 2004
Amount
 100000

D. Full Name of Donor
 Craig Hobbs
Mailing Address of Donor
 P.O.Box 10902
 City State Zip
 Bainbridge Islan WA 98110

Date of Receipt
 09 23 2004
Amount
 100000

E. Full Name of Donor
 Robert Hoehn
Mailing Address of Donor
 11436 High Drive
 City State Zip
 Leawood KS 66211

Date of Receipt
 09 23 2004
Amount
 100000

SUBTOTAL of Donations This Page (optional) 400000
TOTAL This Period (last page this line number only) 21660000
 (carry total from last page to Line 8)

SCHEDULE 9-A
Donation(s) Received

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| | |
|---|---|
| A. Full Name of Donor Brian Hufford Mailing Address of Donor 8888 Keystone Crossing Blvd. City State Zip Indianapolis IN 46290 | Date of Receipt 09 29 2004 Amount 1,000.00 |
| B. Full Name of Donor harold humphrey Mailing Address of Donor 8940 S.W. 160 St. City State Zip Miami FL 33157 | Date of Receipt 09 22 2004 Amount 1,000.00 |
| C. Full Name of Donor Paul Isaac Mailing Address of Donor 75 Prospect Avenue City State Zip Larchmont NY 10538 | Date of Receipt 09 23 2004 Amount 1,000.00 |
| D. Full Name of Donor Robert Jacoby Mailing Address of Donor 8 Springhouse City State Zip Sloatsburg NY 10974 | Date of Receipt 09 29 2004 Amount 2,500.00 |
| E. Full Name of Donor Thomas H Johnson Mailing Address of Donor PO Box 421549 City State Zip Atlanta GA 30342 | Date of Receipt 09 25 2004 Amount 2,500.00 |
| GRAND TOTAL of Donations This Page (optional) | 8,000.00 |
| TOTAL This Period (last page this line number only) (carry over from last page to Line 9) | 22,460.00 |

SCHEDULE 9-A
Donation(s) Received

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| | |
|--|---|
| A. Full Name of Donor LYNNE KALAGHER Mailing Address of Donor 56 ABBEY ROAD City State Zip MANHASSET NY 11030 | Date of Receipt 0 9 . 2 2 . 2 0 0 4 Amount 2 5 0 0 0 0 |
| B. Full Name of Donor benjamin karcher Mailing Address of Donor 2300 e orangewood av City State Zip anaheim CA 92806 | Date of Receipt 0 9 . 2 6 . 2 0 0 4 Amount 1 0 0 0 0 0 |
| C. Full Name of Donor Kenneth G. Lagone Mailing Address of Donor 6275 Park Avenue City State Zip New York NY 10152 | Date of Receipt 0 9 . 2 3 . 2 0 0 4 Amount 1 0 0 0 0 0 |
| D. Full Name of Donor John Lavigne Mailing Address of Donor 4113 Lawrence street City State Zip Alexandria VA 22309 | Date of Receipt 0 9 . 2 8 . 2 0 0 4 Amount 5 0 0 0 0 |
| E. Full Name of Donor John LeCour Mailing Address of Donor 110 Canal DR City State Zip Friendswood TX 77546 | Date of Receipt 0 9 . 2 4 . 2 0 0 4 Amount 5 0 0 0 0 |
| SUBTOTAL of Donations This Page (optional) | 5 5 0 0 0 0 |
| TOTAL This Period (last page use this number only) (carry total from last page to Line 9) | 2 3 0 1 0 0 0 0 |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor John LeCour</p> <p>Mailing Address of Donor 110 Canal Dr</p> <p>City State Zip Friendswood TX 77546</p> | <p>Date of Receipt 08 22 2004</p> <p>Amount 50000</p> |
| <p>B. Full Name of Donor LANNING MACFARLAND, JR</p> <p>Mailing Address of Donor 45 LONGMEADOW ROAD</p> <p>City State Zip WINNETKA IL 60093</p> | <p>Date of Receipt 08 22 2004</p> <p>Amount 100000</p> |
| <p>C. Full Name of Donor ALAN Margolin</p> <p>Mailing Address of Donor 29 CHURCH LANE</p> <p>City State Zip SCARSDALE NY 10583</p> | <p>Date of Receipt 09 27 2004</p> <p>Amount 100000</p> |
| <p>D. Full Name of Donor Harry McMullan</p> <p>Mailing Address of Donor 3333 S. Council Rd.</p> <p>City State Zip Oklahoma City OK 73179</p> | <p>Date of Receipt 08 23 2004</p> <p>Amount 50000</p> |
| <p>E. Full Name of Donor Harry McMullan</p> <p>Mailing Address of Donor 3333 S. Council Rd.</p> <p>City State Zip Oklahoma City OK 73179</p> | <p>Date of Receipt 08 24 2004</p> <p>Amount 50000</p> |

| | |
|--|-----------------|
| <p>SUBTOTAL of Donations This Page (optional)</p> | <p>350000</p> |
| <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p> | <p>23360000</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|--|---|
| <p>A. Full Name of Donor Jim McNab</p> <p>Mailing Address of Donor 47 Church Street</p> <p>City State Zip Charleston SC 29401</p> | <p>Date of Receipt M O B Y Y Y 0 8 2 8 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p> |
| <p>B. Full Name of Donor W.F. MEGARGEL</p> <p>Mailing Address of Donor RR 4 BOX 4016</p> <p>City State Zip LAKE ARIEL PE 18436</p> | <p>Date of Receipt M O B Y Y Y 0 8 2 2 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 Rochelle NY 10805</p> | <p>Date of Receipt M O B Y Y Y 0 8 2 6 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p> |
| <p>D. Full Name of Donor Charles Noble</p> <p>Mailing Address of Donor 401 E. Wildwood Drive</p> <p>City State Zip San Antonio TX 78212</p> | <p>Date of Receipt M O B Y Y Y 0 8 2 3 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p> |
| <p>E. Full Name of Donor Charles Noble</p> <p>Mailing Address of Donor 401 E. Wildwood</p> <p>City State Zip San Antonio TX 78212</p> | <p>Date of Receipt M O B Y Y Y 0 8 2 7 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶ 5 0 0 0 0 0</p> | |
| <p>TOTAL This Period (last page this line number only) ▶ 2 3 8 6 0 0 0 0 (carry total from last page to Line 9)</p> | |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor DON W. & MERILLYN J. NOREN</p> <p>Mailing Address of Donor 98 BELBROOK WAY</p> <p>City State Zip ATHERTON CA 94027</p> | <p>Date of Receipt M M Y Y 0 9 2 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>B. Full Name of Donor Bob Perry</p> <p>Mailing Address of Donor P.O. Box 34153</p> <p>City State Zip Houston TX 77234</p> | <p>Date of Receipt M M Y Y 0 9 2 5 2 0 0 4</p> <p>Amount 2 5 0 0 0 0 0 0</p> |
| <p>C. Full Name of Donor Wayne Pickard</p> <p>Mailing Address of Donor 2602 John Moore Rd</p> <p>City State Zip Brandon FL 33511</p> | <p>Date of Receipt M M Y Y 0 9 2 2 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p> |
| <p>D. Full Name of Donor Wayne Pickard</p> <p>Mailing Address of Donor 2602 John Moore Rd</p> <p>City State Zip Brandon FL 33511</p> | <p>Date of Receipt M M Y Y 0 9 1 5 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p> |
| <p>E. Full Name of Donor T. Boone Pickens</p> <p>Mailing Address of Donor 8117 Preston Road, Suite 260</p> <p>City State Zip Dallas TX 75225</p> | <p>Date of Receipt M M Y Y 0 9 2 9 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (colonne) ▶ 1 2 5 2 0 0 0 0 0 0</p> | |
| <p>TOTAL This Period (last page this line number only) ▶ 1 4 9 0 6 0 0 0 0 0 0 (carry total from last page to Line 9)</p> | |

SCHEDULE 9-A
Donation(s) Received

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| | |
|--|--|
| A. Full Name of Donor MARY CONNOR PIERCE <hr/> Mailing Address of Donor 4000 ROYAL MARCO WAY # 326 <hr/> City State Zip MARCO ISLAND FL 34145 | Date of Receipt M M . P P . Y Y Y Y 0 9 . 2 8 . 2 0 0 4 Amount . 3 0 0 0 . 0 0 |
| B. Full Name of Donor THOMAS RAKOW <hr/> Mailing Address of Donor P.O. BOX 545 <hr/> City State Zip ELGIN IL 60121 | Date of Receipt M M . P P . Y Y Y Y 0 9 . 2 8 . 2 0 0 4 Amount . 1 0 0 0 . 0 0 |
| C. Full Name of Donor JOHN REBHAN <hr/> Mailing Address of Donor 3240 MAHONING AVE NW <hr/> City State Zip WARREN OH 44481 | Date of Receipt M M . P P . Y Y Y Y 0 9 . 2 2 . 2 0 0 4 Amount . 2 5 0 0 . 0 0 |
| D. Full Name of Donor THOMAS RESER <hr/> Mailing Address of Donor 19349 NOEC ROAD <hr/> City State Zip ELWOOD IL 60421 | Date of Receipt M M . P P . Y Y Y Y 0 9 . 2 3 . 2 0 0 4 Amount . 1 0 0 0 . 0 0 |
| E. Full Name of Donor Leslie Sacks <hr/> Mailing Address of Donor 11640 San Vicente Blvd. <hr/> City State Zip Los Angeles CA 90049 | Date of Receipt M M . P P . Y Y Y Y 0 9 . 2 9 . 2 0 0 4 Amount . 1 0 0 0 . 0 0 |
| SUBTOTAL of Donations This Page (optional) | 8 5 0 0 . 0 0 |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 8) | 1 4 9 9 1 0 0 0 . 0 0 |

SCHEDULE 9-A
Donation(s) Received

| | |
|--|---|
| <p>A. Full Name of Donor Margaret Salisbury</p> <p>Mailing Address of Donor 3012 West 67th Terrace</p> <p>City State Zip Mission Hills KS 66208</p> | <p>Date of Receipt 08 28 2004</p> <p>Amount 500.00</p> |
| <p>B. Full Name of Donor Margaret M. Salisbury</p> <p>Mailing Address of Donor 3012 W 67th Ter.</p> <p>City State Zip Mission Hills KS 66208</p> | <p>Date of Receipt 08 31 2004</p> <p>Amount 500.00</p> |
| <p>C. Full Name of Donor C. Brightman Skinner</p> <p>Mailing Address of Donor 6210 San Jose Blvd W</p> <p>City State Zip Jacksonville FL 32217</p> | <p>Date of Receipt 09 02 2004</p> <p>Amount 500.00</p> |
| <p>D. Full Name of Donor C. BRIGHTMAN SKINNER</p> <p>Mailing Address of Donor 6210 SAN JOSE BOULEVARD W</p> <p>City State Zip JACKSONVILLE FL 32217</p> | <p>Date of Receipt 09 21 2004</p> <p>Amount 1000.00</p> |
| <p>E. Full Name of Donor Michael Skinner</p> <p>Mailing Address of Donor 11030 Santa Monica Blvd #207</p> <p>City State Zip Los Angeles CA 90025</p> | <p>Date of Receipt 09 24 2004</p> <p>Amount 1000.00</p> |
| <p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (less page this line number only)</p> <p>(carry total from last page to Line B)</p> | <p>3500.00</p> <p>1502500.00</p> |

SCHEDULE B-A
Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor William Sponzilli</p> <p>Mailing Address of Donor 7333 Scotland Way # 2109</p> <p>City State Zip Sarasota FL 34238</p> | <p>Date of Receipt 0 9 / 0 2 / 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>B. Full Name of Donor William and Bernadin Sponzilli</p> <p>Mailing Address of Donor 7333 Scotland Way #2109</p> <p>City State Zip Sarasota FL 34238</p> | <p>Date of Receipt 0 9 / 1 7 / 2 0 0 4</p> <p>Amount 5 0 0 0 0</p> |
| <p>C. Full Name of Donor James E. Stephenson</p> <p>Mailing Address of Donor P.O.Box 43326</p> <p>City State Zip Atlanta GA 30336</p> | <p>Date of Receipt 0 9 / 2 0 / 2 0 0 4</p> <p>Amount 5 0 0 0 0 0 0</p> |
| <p>D. Full Name of Donor W. STODDARD</p> <p>Mailing Address of Donor 54 SHORE ROAD</p> <p>City State Zip OLD GREENWICH CT 06870</p> | <p>Date of Receipt 0 9 / 2 2 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0</p> |
| <p>E. Full Name of Donor Roger Stone</p> <p>Mailing Address of Donor 1114 Sheridan Road</p> <p>City State Zip Glencoe IL 60022</p> | <p>Date of Receipt 0 9 / 2 3 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶</p> | <p>6 2 0 0 0 0 0</p> |
| <p>TOTAL This Page (last page has line number only) ▶ (carry over from last page to Line 9)</p> | <p>1 5 6 4 8 0 0 0 0</p> |

SCHEDULE 9-A
Donation(s) Received

PAGE 8 OF 39

| | |
|--|--|
| A. Full Name of Donor Jonathan Sturman <hr/> Mailing Address of Donor 8061 Riverside Dr. <hr/> City State Zip Richmond VA 23225 | Date of Receipt M O Y 0 9 2 5 2 0 0 4 <hr/> Amount 1 0 0 0 0 0 |
| B. Full Name of Donor Arthur H. Tiger <hr/> Mailing Address of Donor 8 Glenbrook Dr. <hr/> City State Zip Mendham NJ 07945 | Date of Receipt M O Y 0 9 1 7 2 0 0 4 <hr/> Amount 5 0 0 0 0 0 |
| C. Full Name of Donor Arthur H. Tiger <hr/> Mailing Address of Donor 8 Glenbrook Dr. <hr/> City State Zip Mendham NJ 07945 | Date of Receipt M O Y 0 9 1 7 2 0 0 4 <hr/> Amount 5 0 0 0 0 0 |
| D. Full Name of Donor A. R. Townsend, Sr. <hr/> Mailing Address of Donor Apt. 810 200 Patterson Ave. <hr/> City State Zip San Antonio TX 78209 | Date of Receipt M O Y 0 9 2 4 2 0 0 4 <hr/> Amount 2 5 0 0 0 0 |
| E. Full Name of Donor DEAN A. TROYER <hr/> Mailing Address of Donor 4301 SW HUNTOON STREET SUITE 2 <hr/> City State Zip TOPEKA KS 66604 | Date of Receipt M O Y 0 9 2 3 2 0 0 4 <hr/> Amount 1 0 0 0 0 0 |
| SUBTOTAL of Donations This Page (optional) ▶ | 5 5 0 0 0 0 |
| TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 8) | 1 5 7 0 1 0 0 0 0 |

SCHEDULE 9-A
Donation(s) Received

| | |
|--|--|
| <p>A. Full Name of Donor Michael Valentine</p> <hr/> <p>Mailing Address of Donor 1861 Dexter Avenue</p> <hr/> <p>City State Zip Cincinnati OH 45206</p> | <p>Date of Receipt 0 9 / 2 2 / 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p> |
| <p>B. Full Name of Donor Michael Valentine</p> <hr/> <p>Mailing Address of Donor 1861 Dexter Avenue</p> <hr/> <p>City State Zip Cincinnati OH 45206</p> | <p>Date of Receipt 0 9 / 2 9 / 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p> |
| <p>C. Full Name of Donor daniel Vidars</p> <hr/> <p>Mailing Address of Donor 28 Lynwood lane</p> <hr/> <p>City State Zip West Boylston MA 01583</p> | <p>Date of Receipt 0 9 / 2 2 / 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p> |
| <p>D. Full Name of Donor Robert Werra</p> <hr/> <p>Mailing Address of Donor 2800 N Dallas Pkwy #100</p> <hr/> <p>City State Zip Plano TX 75093</p> | <p>Date of Receipt 0 9 / 2 4 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>E. Full Name of Donor BRUCE WITHERS</p> <hr/> <p>Mailing Address of Donor 67 BRIDGEBERRY PLACE</p> <hr/> <p>City State Zip THE WOODLANDS TX 77381</p> | <p>Date of Receipt 0 9 / 2 2 / 2 0 0 4</p> <p>Amount 1 5 0 0 0 0</p> |
| <p>SUBTOTAL of Donations This Page (optional) ▶</p> | <p>1 0 0 0 0 0 0</p> |
| <p>TOTAL This Period (last page lists line number only) ▶ (carry total from last page to Line 9)</p> | <p>1 5 8 0 1 0 0 0 0</p> |

SCHEDULE 9-A
Donation(s) Received

| | |
|---|--|
| <p>A. Full Name of Donor MICHAEL YOUNG</p> <p>Mailing Address of Donor 3701 stevenson</p> <p>City State Zip AUSTIN TX 78703</p> | <p>Date of Receipt M O N T H D A Y Y E A R 0 0 2 9 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p> |
| <p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p> | <p>Date of Receipt M O N T H D A Y Y E A R</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 M O N T H D A Y Y E A R</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 M O N T H D A Y Y E A R</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 M O N T H D A Y Y E A R</p> <p>Amount</p> |

| | |
|---|--------------------------|
| <p>SUBTOTAL of Donations This Page (optional) ▶</p> | <p>1 0 0 0 0 0</p> |
| <p>TOTAL This Page (last page this line number only) ▶ (carry total from last page to Line 8)</p> | <p>1 5 8 1 1 0 0 0 0</p> |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | | | |
|---|--|---|---------------------------------|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee KLAS-TV | | | | Date of Disbursement or Obligation 0 9 2 8 2 0 0 4 | | | |
| Mailing Address of Payee 3228 Channel 8 Drive | | | | Amount 8 9 1 7 6 0 0 0 | | | |
| City Las Vegas | State NV | Zip Code 89109 | | Communication Date 0 9 3 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"/> President | <input type="checkbox"/> 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: | <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 KTNV-TV | | | | Date of Disbursement or Obligation 0 9 2 8 2 0 0 4 | | | |
| Mailing Address of Payee 3355 South Valley View Blvd. | | | | Amount 3 2 4 7 0 0 0 | | | |
| City Las Vegas | State NV | Zip Code 89102 | | Communication Date 0 9 3 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"/> President | <input type="checkbox"/> 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: | <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 2 2 2 3 0 0 0 | | | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | | | | 1 2 2 2 3 0 0 0 | | | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|--|--|---------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee KVBC-TV | | | | Date of Disbursement or Obligation J H N A Y T : 0 9 2 8 2 0 0 4 | |
| Mailing Address of Payee 1500 Foremaster Lane | | | | Amount 1 1 5 3 4 5 0 0 | |
| City Las Vegas | State NV | Zip Code 89109 | | | |
| Name of Employer Occupation | | | Communication Date 0 9 2 8 2 0 0 4 | | |
| Purpose of Disbursement (including use(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: <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 KWVU-TV | | | | Date of Disbursement or Obligation 0 9 2 8 2 0 0 4 | |
| Mailing Address of Payee 25 TV 5 Drive | | | | Amount 1 4 3 2 2 5 0 | |
| City Henderson | State NV | Zip Code 89104 | | | |
| Name of Employer Occupation | | | Communication Date 0 9 2 8 2 0 0 4 | | |
| Purpose of Disbursement (including use(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: <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 True Page (optional) | | | | 1 2 9 6 6 7 5 0 | |
| TOTAL This Period (last page this line number only) (carry over from last page to Line 10) | | | | 2 5 1 8 9 7 5 0 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|--|--|---------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee KOLO-TV | | | | Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4 | |
| Mailing Address of Payee 4850 Ampere Drive | | | | Amount 5 4 2 7 2 . 5 0 | |
| City Reno | State NV | Zip Code 89502 | | Communication Date 0 9 / 3 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"/> 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 KRNV-TV | | | | Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4 | |
| Mailing Address of Payee 1790 Vassar Street | | | | Amount 4 6 1 9 7 . 5 0 | |
| City Reno | State NV | Zip Code 89510 | | Communication Date 0 9 / 3 0 / 2 0 0 4 | |
| Name of Employer | | | | Occupation | |
| Purpose of Disbursement (including title(s) of communication(s)) | | | | | |
| 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 0 0 4 7 0 . 0 0 | |
| TOTAL This Page (last page this line number only) (carry total from last page to Line 10) | | | | 3 5 2 3 6 7 . 5 0 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|--|--|-------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee KRXI-TV | | | | Date of Disbursement or Obligation 09 28 2004 | |
| Mailing Address of Payee 4920 Brookside Court | | | | Amount 10,540.00 | |
| City Reno | State NV | Zip Code 89502 | | Communication Date 09 30 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 checked="" type="checkbox"/> President | 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 | 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 KTVN-TV | | | | Date of Disbursement or Obligation 09 28 2004 | |
| Mailing Address of Payee 4295 Energy Way | | | | Amount 33,787.50 | |
| City Reno | State NV | Zip Code 89502 | | Communication Date 09 30 2004 | |
| Name of Employer | | | | Occupation | |
| Purpose of Disbursement (including title(s) of communication(s)) | | | | | |
| Name of Federal Candidate John F. Kerry | Office Sought <input checked="" type="checkbox"/> President | 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 | 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) | | | | 44,327.50 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | | | | 39,669.50 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | |
|---|-------------|-------------------|--|--|
| A. Full Name (Last, First, Middle initial) of Payee KOAT-TV | | | Date of Disbursement or Obligation 09 28 2004 | |
| Mailing Address of Payee 3801 Carlisle NE | | | Amount 63,952.50 | |
| City Albuquerque | State NM | Zip Code 87125 | Communication Date 09 30 2004 | |
| Name of Employer _____ | | | Occupation _____ | |

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

Media Buy

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

| | | | | |
|--|-------------|-------------------|--|--|
| B. Full Name (Last, First, Middle initial) of Payee KOB-TV | | | Date of Disbursement or Obligation 09 28 2004 | |
| Mailing Address of Payee 4 Broadcast Plaza SW | | | Amount 62,050.00 | |
| City Albuquerque | State NM | Zip Code 87103 | Communication Date 09 30 2004 | |
| Name of Employer _____ | | | Occupation _____ | |

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

Media Buy

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

| | |
|--|------------|
| SUBTOTAL of Disbursements/Obligations This Page (optional) | 126,012.50 |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | 522,707.50 |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|--|----------------|--|---------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee KRQE-TV | | | | Date of Disbursement or Obligation 09 28 12 00 | |
| Mailing Address of Payee 13 Broadcast Plaza | | | | Amount 67,065.00 | |
| City | State | Zip Code | | Communication Date 09 30 2004 | |
| Albuquerque | NM | 87103 | | | |
| Name of Employer Occupation | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate | 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) _____ | |
| John F. Kerry | | | | | |
| 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 KASA-TV | | | | Date of Disbursement or Obligation 09 28 2004 | |
| Mailing Address of Payee 1377 University Blvd NE | | | | Amount 9,860.00 | |
| City | State | Zip Code | | Communication Date 09 30 2004 | |
| Albuquerque | NM | 87102 | | | |
| Name of Employer Occupation | | | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Buy | | | | | |
| Name of Federal Candidate | 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) _____ | |
| John F. Kerry | | | | | |
| 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) | | | | 76,925.00 | |
| TOTAL This Period (last page this and number only) (carry total from last page to line 10) | | | | 599,632.50 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|--|---------------------------|--|---|--|
| A. Full Name (Last, First, Middle Initial) of Payee KDKA-TV | | | | Date of Disbursement or Obligation 0 9 2 8 2 0 0 4 | |
| Mailing Address of Payee One Gateway Center | | | | Amount 66,087.50 | |
| City Pittsburg | State PA | Zip Code 15222 | | Communication Date 0 9 3 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 WPGH-TV | | | | Date of Disbursement or Obligation 0 9 2 8 2 0 0 4 | |
| Mailing Address of Payee 750 Ivory Avenue | | | | Amount 1,870.00 | |
| City Pittsburg | State PA | Zip Code 15214 | | Communication Date 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) | | | | 67,957.50 | |
| TOTAL This Period (last page this line NUMBER only) (carry total from last page to Line 10) | | | | 667,590.00 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|--|--|---------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WPXI-TV | | | | Date of Disbursement or Obligation M M Y Y : C C : T T O O 0 9 : 2 8 : 2 0 0 4 | |
| Mailing Address of Payee 11 Television Hill | | | | Amount: 31,110.00 | |
| City Pittsburg | State PA | Zip Code 15214 | | Communication Date M M Y Y : C C : T T O O 0 9 : 3 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"/> 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 WTAE-TV | | | | Date of Disbursement or Obligation M M Y Y : C C : T T O O 0 9 : 2 8 : 2 0 0 4 | |
| Mailing Address of Payee 400 Ardmore Blvd | | | | Amount: 20,527.50 | |
| City Pittsburg | State PA | Zip Code 15221 | | Communication Date M M Y Y : C C : T T O O : : : : 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) | | | | 51,637.50 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | | | | 719,227.50 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|--|--|--|--------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WGAL-TV | | | | Date of Disbursement or Obligation 0 9 ' 0 2 ' 0 8 ' 2 0 0 4 | |
| Mailing Address of Payee 1300 Columbia Avenue | | | | Amount 101,787.50 | |
| City Lancaster | | State PA | Zip Code 17603 | Communication Date 0 9 ' 0 3 ' 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 WHP-TV | | | | Date of Disbursement or Obligation 0 9 ' 0 2 ' 0 8 ' 2 0 0 4 | |
| Mailing Address of Payee 300 North Sixth Street | | | | Amount 37,825.00 | |
| City Harrisburg | | State PA | Zip Code 17110 | Communication Date 0 9 ' 0 2 ' 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: <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) | | | | 139,612.50 | |
| TOTAL This Period (last page this line number only) (carry over from last page to Line 10) | | | | 858,840.00 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|--|--|---------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WHTM-TV | | | | Date of Disbursement or Obligation: 0 9 2 8 2 0 0 4 | |
| Mailing Address of Payee: 3235 Hoffman Street | | | | Amount: 27,030.00 | |
| City: Harrisburg | State: PA | Zip Code: 17110 | Communication Date: 0 9 3 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 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 WPMT-TV | | | | Date of Disbursement or Obligation: 0 9 2 8 2 0 0 4 | |
| Mailing Address of Payee: 2005 South Queen Street | | | | Amount: 7,225.00 | |
| City: York | State: PA | Zip Code: 17403 | Communication Date: 0 9 3 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 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 (approx): | | | | 34,255.00 | |
| TOTAL Tax Period (last page this line number only): (carry over from last page to Line 10) | | | | 893,095.00 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|--|--|---------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WBRE-TV | | | | Date of Disbursement or Obligation 09 28 2004 | |
| Mailing Address of Payee 62 South Franklin Street | | | | Amount 36,592.50 | |
| City Wilkes Barre | | State PA | Zip Code 18701 | Communication Date 09 30 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 WNEP-TV | | | | Date of Disbursement or Obligation 09 28 2004 | |
| Mailing Address of Payee 16 Montage Mountain Road | | | | Amount 30,217.50 | |
| City Moosic | | State PA | Zip Code 18507 | Communication Date 09 30 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) | | | | 66,810.00 | |
| TOTAL This Period (last page this line number only) (carry over from last page to Line 16) | | | | 959,905.00 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | |
|---|-------------|-------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WOLF-TV | | | Date of Disbursement or Obligation 09 28 2004 | |
| Mailing Address of Payee 1181 Highway 315 | | | Amount 10,455.00 | |
| City Plains | State PA | Zip Code 18702 | Communication Date 09 30 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 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: |
| Name of Federal Candidate | Office Sought: | State: _____ District: _____ | Disbursement/Obligation For: |

| | | | | |
|---|-------------|-------------------|--|--|
| B. Full Name (Last, First, Middle Initial) of Payee WYOU-TV | | | Date of Disbursement or Obligation 09 28 2004 | |
| Mailing Address of Payee 409 Lackawanna Avenue | | | Amount 26,477.50 | |
| City Scanton | State PA | Zip Code 18503 | Communication Date 09 30 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 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: |
| Name of Federal Candidate | Office Sought: | State: _____ District: _____ | Disbursement/Obligation For: |

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

36,932.50

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

996,837.50

SCHEDULE 3-B

Disbursement(s) Made or Obligation(s)

| | | | |
|---|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Payee WATM-TV | | | Date of Disbursement or Obligation 0 5 2 8 2 0 0 4 |
| Mailing Address of Payee 1450 Scalp Avenue | | | Amount 2,040.00 |
| City Johnstown | State PA | Zip Code 15904 | |
| Name of Employer Occupation | | | |
| Communication Date 0 5 3 0 2 0 0 4 | | | |

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

Media Buy

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

| | | | |
|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Payee WJAC-TV | | | Date of Disbursement or Obligation 0 5 2 8 2 0 0 4 |
| Mailing Address of Payee 49 Old Hickory Lane | | | Amount 8,738.00 |
| City Johnstown | State PA | Zip Code 15905 | |
| Name of Employer Occupation | | | |
| Communication Date 0 5 3 0 2 0 0 4 | | | |

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

Media Buy

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

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

10,778.00

TOTAL This Period (last page this line number only) _____ ▶
 (carry total from last page to Line 16)

1,007,615.50

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|---|--|-------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee WTAJ-TV | | | | Date of Disbursement or Obligation 0 9 2 8 2 0 0 4 | |
| Mailing Address of Payee 5000 8th Avenue | | | | Amount 23,120.00 | |
| City Altoona | State PA | Zip Code 18602 | | Communication Date 0 9 3 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"/> President | 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: | 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 WWCP-TV | | | | Date of Disbursement or Obligation 0 9 2 8 2 0 0 4 | |
| Mailing Address of Payee 1450 Scarp Avenue | | | | Amount 1,521.50 | |
| City Johnstown | State PA | Zip Code 15904 | | Communication Date 0 9 3 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"/> President | 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: | 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) | | | | 24,641.50 | |
| TOTAL This Period (omit page this line number only) (carry total from last page to Line 10) | | | | 1,032,257.00 | |

SCHEDULE 3-B

Disbursement(s) Made or Obligation(s)

| | | | | |
|---|-------------|-------------------|---|--|
| A. Full Name (Last, First, Middle Initial) of Payee WFXP-TV | | | Date of Disbursement or Obligation 09 '28 2004 | |
| Mailing Address of Payee 8455 Peach Street | | | Annual | |
| City Erie | State PA | Zip Code 16509 | 5,168.00 | |
| Name of Employer Compekon | | | Communication Date 09 '30 2004 | |

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 <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: | House Senate President | State District: _____ | Disbursement/Obligation For: Primary General Other (specify) _____ |
| Name of Federal Candidate | Office Sought: | House Senate President | State District: _____ | Disbursement/Obligation For: Primary General Other (specify) _____ |

| | | | | |
|---|-------------|-------------------|---|--|
| B. Full Name (Last, First, Middle Initial) of Payee WICU-TV | | | Date of Disbursement or Obligation 09 '28 2004 | |
| Mailing Address of Payee 3514 State Street | | | Annual | |
| City Erie | State PA | Zip Code 16508 | 19,601.00 | |
| Name of Employer Occupation | | | Communication Date 09 '30 2004 | |

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 <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: | House Senate President | State District: _____ | Disbursement/Obligation For: Primary General Other (specify) _____ |
| Name of Federal Candidate | Office Sought: | House Senate President | State District: _____ | Disbursement/Obligation For: Primary General Other (specify) _____ |

| | |
|--|--------------|
| SUB-TOTAL of Disbursements/Obligations This Page (colours) | 24,769.00 |
| TOTAL This Period (last page this run number only) | 1,057,026.00 |
| (carry total from last page to Line 13) | |

SCHEDULE 3-B
Disbursement(s) Made or Obligation(s)

| | | | | |
|---|--|--------------------------|--|---|
| A. Full Name (Last, First, Middle Initial) of Payee WJET-TV | | | | Date of Disbursement or Obligation 0 9 2 8 2 0 0 4 |
| Mailing Address of Payee 8455 Peach Street | | | | Amount 4,658.00 |
| City Erie | State PA | Zip Code 16509 | | Communication Date 0 9 3 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 WSEE-TV | | | | Date of Disbursement or Obligation 0 9 2 8 2 0 0 4 |
| Mailing Address of Payee 1220 Peach Street | | | | Amount 17,340.00 |
| City Erie | State PA | Zip Code 16501 | | Communication Date 0 9 3 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 Disbursement(s)/Obligation(s) This Page (optional) ▶ | | | 21,998.00 | |
| TOTAL This Period (last page has line number only) ▶ (carry total from last page to line 10) | | | 1,079,024.00 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|--|--|---------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee MSNBC | | | | Date of Disbursement or Obligation 09 28 2004 | |
| Mailing Address of Payee 1 MSNBC Plaza | | | | Amount 23,937.70 | |
| City Seaucous | State NJ | Zip Code 07094 | | Communication Date 09 30 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 CNN | | | | Date of Disbursement or Obligation 09 28 2004 | |
| Mailing Address of Payee One CNN Center | | | | Amount 53,125.00 | |
| City Atlanta | State GA | Zip Code 30303 | | Communication Date 09 30 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) | | | | 77,062.70 | |
| TOTAL This Period (last page line number only) (carry total from last page to Line 10) | | | | 1,156,086.70 | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | |
|---|--|---------------------------------|--|---|
| A. Full Name (Last, First, Middle Initial) of Payee HEADLINE | | | | Date of Disbursement or Obligation 0 9 2 8 2 0 0 4 |
| Mailing Address of Payee One CNN Center | | | | Amount 3,279.00 |
| City Atlanta | State GA | Zip Code 30303 | Communication Date 0 9 3 0 2 0 0 4 | |
| Name of Employer Occupation | | | | |
| Purpose of Disbursement (including use(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 Mentzer Media Services Inc. | | | | Date of Disbursement or Obligation 0 9 2 8 2 0 0 4 |
| Mailing Address of Payee 600 Fairmount Avenue, Suite 306 | | | | Amount 184,359.90 |
| City Towson | State MD | Zip Code 21286 | Communication Date 0 9 3 0 2 0 0 4 | |
| Name of Employer Occupation | | | | |
| Purpose of Disbursement (including use(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: <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) | | | 187,639.90 | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | | | 1,343,625.60 | |

SCHEDULE B-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 M N P S Y Y Y 0 9 2 8 2 0 0 4 | |
| Mailing Address of Payee 305 Cameron Street | | | | Amount 35,194.00 | |
| City Alexandria | | State VA | Zip Code 22314 | Communication Date Y Y S O Y Y Y 0 9 3 0 2 0 0 4 | |
| Name of Employer | | Occupation | | | |
| Purpose of Disbursement (including title(s) of communication(s)) Media Production/Post | | | | | |
| 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 Chris LaCivita | | | | Date of Disbursement or Obligation M N P S Y Y Y 0 9 2 9 2 0 0 4 | |
| Mailing Address of Payee 13604 Timberlake Court | | | | Amount 3,999.00 | |
| City Middletown | | State VA | Zip Code 23311 | Communication Date M N P S Y Y Y 0 9 3 0 2 0 0 4 | |
| 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 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) | | | | 38,527.90 | |
| TOTAL This Period (last page the line number only) (carry total from last page to line 10) | | | | 1,382,152.60 | |

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 checked="" type="checkbox"/> Hand Delivered | Date of Receipt 10/1/04 |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation™ Label <input type="checkbox"/> | |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
| <i>Ed</i> PREPARER | 10/1/04 DATE PREPARED |