

POLITICAL COMPLIANCE SERVICES INC.

703/250-0496
703/425-8352 (fax)

TO: FEC

FROM: Susan Archibaux

FAX NUMBER:

202 219 0174

NUMBER OF PAGES (including cover):

26

MESSAGE:

SWIFT B DAT
Form 9

If you do not receive all pages of this facsimile or have received it in error, please contact me at the number listed above.

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 POWs for Truth

(b) Address (number and street) check if different than previously reported: P.O. Box 28184

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

(d) Name of Employer or Principal Place of Business: _____ (e) Occupation: _____

2. FEC Identification Number
0

3. Is This Statement New Amended **4. Covering Period**
 From 10/01/04 through 10/04/04

5. (a) Date of Public Distribution(s) 10/01/04 10/04/04 **(b) Communication Title** Character

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? 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 28184

(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 130,755.00

10. Total Disbursements/Obligations This Statement 172,160.75

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 this 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: 10-6-04

NOTE: Subscribers of news, opinions or other written information may subject the person signing this statement to the penalties of 18 U.S.C. 893(a).

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)	
(b) Address (number and street) P.O. Box 26184	
(c) City, State and ZIP Code Alexandria, VA 22313	
(d) Name of Employer or Principal Place of Business Retired	(e) Occupation Retired
B. (a) Name John O'Neill	
(b) Address (number and street) P.O. Box 26184	
(c) City, State and ZIP Code Alexandria, VA 22313	
(d) Name of Employer or Principal Place of Business Clements O'Neill Place	(e) Occupation Attorney
C. (a) Name Arvin A. Home	
(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	(e) Occupation Attorney
D. (a) Name Weymouth D. Symmes	
(b) Address (number and street) P.O. Box 26184	
(c) City, State and ZIP Code Alexandria, VA 22313	
(d) Name of Employer or Principal Place of Business Retired	(e) Occupation Retired
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A

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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 10-02-2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor THOMAS ALLISON</p> <p>Mailing Address of Donor PO BOX 10220</p> <p>City State Zip ST PETERSBURG FL 33733</p>	<p>Date of Receipt 10-01-2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor THOMAS ALLISON</p> <p>Mailing Address of Donor PO BOX 10220</p> <p>City State Zip ST PETERSBURG FL 33733</p>	<p>Date of Receipt 00-24-2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Steven Apple</p> <p>Mailing Address of Donor 800 Liberty Bldg</p> <p>City State Zip Buffalo NY 14202</p>	<p>Date of Receipt 10-01-2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor David Baird</p> <p>Mailing Address of Donor 1901 60th Place E, #L3147</p> <p>City State Zip Bradenton FL 34203</p>	<p>Date of Receipt 00-04-2004</p> <p>Amount 100000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>350000</p>
<p>TOTAL This Period (last page fills line number only) (carry over from last page to Line 9)</p>	<p>350000</p>

SCHEDULE 9-A
Donation(s) Received

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<p>A. Full Name of Donor Marc Benitez</p> <p>Mailing Address of Donor 44450 Ocotillo Drive</p> <p>City State Zip La Quinta CA 92253</p>	<p>Date of Receipt 10/01/04 2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor Donald E. Benkert</p> <p>Mailing Address of Donor 1234 Blair Ave.</p> <p>City State Zip South Pasadena CA 91030</p>	<p>Date of Receipt 10/01/04 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor George Bitting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 10/01/04 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor George C Bitting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 10/01/04 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor George C Bitting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 10/01/04 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page this line number only) (carry over from last page to Line 9)</p>	<p>230000</p> <p>580000</p>

SCHEDULE 9-A
Donation(s) Received

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<p>A. Full Name of Donor George C Biting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 09 21 4 2 0 0 6</p> <p>Amount 1 0 0 0 0</p>
<p>B. Full Name of Donor George C Biting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 09 19 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor George C Biting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 09 17 4 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>D. Full Name of Donor George C. Biting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 09 01 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor George C. Biting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 09 12 4 2 0 0 4</p> <p>Amount 4 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (initials) ▶ 9 0 0 0 0</p>	
<p>TOTAL This Period (last page line number only) ▶ 6 7 0 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE B-A
Donation(s) Received

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<p>A. Full Name of Donor George C. Bitting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 09 29 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor George C. Bitting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 09 30 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Tikoos Blankenburg</p> <p>Mailing Address of Donor 15572 Middletown Park Dr.</p> <p>City State Zip Redding CA 96001</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor Stephen F. Brauer</p> <p>Mailing Address of Donor 11250 Hunter Dr.</p> <p>City State Zip Bridgeton MO 63044</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Greg Brown</p> <p>Mailing Address of Donor 11921 Grandview</p> <p>City State Zip Columbus IN 47201</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 5 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1 320 00</p>
<p>TOTAL This Period (last page this line number only) (carry over from last page in line 3)</p>	<p>1 990 00</p>

SCHEDULE B-A

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Donation(s) Received

A. Full Name of Donor Rodney Chadwick			Date of Receipt 10/04/2004
Mailing Address of Donor 109 Golf View Drive			Amount 100000
City Cohutta	State GA	Zip 30710	

B. Full Name of Donor J. W. Childs			Date of Receipt 10/04/2004
Mailing Address of Donor 111 Huntington Ave., Ste. 2900			Amount 100000
City Boston	State MA	Zip 02199	

C. Full Name of Donor david clement			Date of Receipt 10/04/2004
Mailing Address of Donor 7 charles street #3			Amount 60000
City new york	State NY	Zip 10014	

D. Full Name of Donor david clement			Date of Receipt 10/02/2004
Mailing Address of Donor 7 charles street #3			Amount 50000
City new york	State NY	Zip 10014	

E. Full Name of Donor Robert R. Cleveland			Date of Receipt 10/01/2004
Mailing Address of Donor P.O. Box 681400			Amount 250000
City Kansas City	State MO	Zip 64168	

SUBTOTAL of Donations This Page (optional)	1450000
TOTAL This Period (see page 1 for line number only) (carry total from last page to Line 9)	3440000

SCHEDULE 9-A
Donation(s) Received

PAGE 8 OF 25

<p>A. Full Name of Donor Paul E. Crow</p> <p>Mailing Address of Donor 2731 Timberleaf Dr.</p> <p>City State Zip Carrollton TX 75006</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor George G. Daniels</p> <p>Mailing Address of Donor P.O. Box 590007</p> <p>City State Zip Orlando FL 32859</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Dick Davis</p> <p>Mailing Address of Donor 39 Evening Star Dr.</p> <p>City State Zip Rancho Mirage CA 92270</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor Richard Deprospero</p> <p>Mailing Address of Donor 7366 Big Cypress Dr</p> <p>City State Zip Miami Lakes FL 33014</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Greg Dodds</p> <p>Mailing Address of Donor 31 Whitcomb Drive</p> <p>City State Zip Grosse Pointe Farms MI 48236</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional) 650100</p> <p>TOTAL This Period (last page lists the number only) 4250100 (carry over from last page to Line 9)</p>	

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor Tom Erickson			Date of Receipt 10/12/2004		
Mailing Address of Donor 12353 Whitefish Ave.			Amount 1000.00		
City Crosslake	State MN	Zip 56442			
B. Full Name of Donor Katherine Ernst			Date of Receipt 10/12/2004		
Mailing Address of Donor 4500 Viejo Road			Amount 500.00		
City Carmel	State CA	Zip 93923			
C. Full Name of Donor brian follett			Date of Receipt 10/12/2004		
Mailing Address of Donor BOX 01717095			Amount 2500.00		
City SIOUX FALLS	State SD	Zip 57186			
D. Full Name of Donor Clark Frankel			Date of Receipt 10/04/2004		
Mailing Address of Donor 65 West 13 St.			Amount 500.00		
City New York	State NY	Zip 10011			
E. Full Name of Donor Michael Futrell			Date of Receipt 10/04/2004		
Mailing Address of Donor 10876 Belle Cour Way			Amount 1000.00		
City Shreveport	State LA	Zip 71106			
SUBTOTAL of Donations This Page (optional)			5300.00		
TOTAL This Page (last page this line number only) (carry total from last page to Line 9)			4840.00		

SCHEDULE 9-A
Donation(s) Received

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<p>A. Full Name of Donor Richard Gable</p> <p>Mailing Address of Donor 4515 Willard Ave. Apt. 2318</p> <p>City State Zip Chevy Chase MD 20815</p>	<p>Date of Receipt 10/3/2004</p> <p>Amount 5000.00</p>
<p>B. Full Name of Donor Mike Gerawan</p> <p>Mailing Address of Donor 21249 E. Jefferson</p> <p>City State Zip Reedley CA 93654</p>	<p>Date of Receipt 10/4/2004</p> <p>Amount 2500.00</p>
<p>C. Full Name of Donor Kenneth R. Gill, Jr.</p> <p>Mailing Address of Donor 817 Waterfall Way</p> <p>City State Zip Chesapeake VA 23320</p>	<p>Date of Receipt 10/4/2004</p> <p>Amount 1000.00</p>
<p>D. Full Name of Donor Robert M. Ginnings</p> <p>Mailing Address of Donor P.O. Box 6870</p> <p>City State Zip McLean VA 22106</p>	<p>Date of Receipt 10/6/2004</p> <p>Amount 1000.00</p>
<p>E. Full Name of Donor Jerry Glenn</p> <p>Mailing Address of Donor 54 Fairway Dr.</p> <p>City State Zip Southgate KY 41071</p>	<p>Date of Receipt 10/1/2004</p> <p>Amount 1000.00</p>
<p>SUBTOTAL of Donations This Page (optional) 6000.00</p> <p>TOTAL This Period (MIN page this # & NUMBER ONLY) 5440.00 (carry total from last page to Line 3)</p>	

SCHEDULE 3-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 10/07/04</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Joseph E. Hackett</p> <p>Mailing Address of Donor 44 W. Saddle River Rd.</p> <p>City State Zip Saddle River NJ 07458</p>	<p>Date of Receipt 10/04/04</p> <p>Amount 100000</p>
<p>C. Full Name of Donor James A. Hartman</p> <p>Mailing Address of Donor 4512 Newlands St.</p> <p>City State Zip Metairie LA 70006</p>	<p>Date of Receipt 10/04/04</p> <p>Amount 200000</p>
<p>D. Full Name of Donor James A. Hartman</p> <p>Mailing Address of Donor 4512 Newlands St</p> <p>City State Zip Metairie LA 70006</p>	<p>Date of Receipt 09/22/04</p> <p>Amount 30000</p>
<p>E. Full Name of Donor William J. Hayes</p> <p>Mailing Address of Donor P.O. Box 25</p> <p>City State Zip W. Barnstable MA 02668</p>	<p>Date of Receipt 10/04/04</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>465000</p>
<p>TOTAL This Period (Use page this line number only) (carry total from last page to Line 9)</p>	<p>6895100</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Roberta Hazlett</p> <p>Mailing Address of Donor 2614 Tamiami Tr. No.</p> <p>City State Zip Naples FL 34103</p>	<p>Date of Receipt 10/01/2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor Roberta Hazlett</p> <p>Mailing Address of Donor 2614 Tamiami Trail No.</p> <p>City State Zip Naples FL 34103</p>	<p>Date of Receipt 08/19/2004</p> <p>Amount 1000.00</p>
<p>C. Full Name of Donor Ron Hazlett</p> <p>Mailing Address of Donor 2614 Tamiami Tr. N.</p> <p>City State Zip Naples FL 34103</p>	<p>Date of Receipt 10/01/2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Ron Hazlett</p> <p>Mailing Address of Donor 2614 Tamiami Trail N.</p> <p>City State Zip Naples FL 34103</p>	<p>Date of Receipt 09/04/2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor MARK HEALY</p> <p>Mailing Address of Donor 207 BLACKJACK OAK</p> <p>City State Zip SAN ANTONIO TX 78230</p>	<p>Date of Receipt 10/03/2004</p> <p>Amount 5000.00</p>
<p>SUBTOTAL of Donations This Page (replicate) ▶</p> <p>TOTAL This Period (see page PIR and PARTS only) ▶ (carry total from last page to Line 9)</p>	<p>2600.00</p> <p>81551.00</p>

SCHEDULE 9-A
Donation(s) Received

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<p>A. Full Name of Donor Jeff Hill</p> <p>Mailing Address of Donor 104 reagan Ct.</p> <p>City State Zip Ventura CA 93003</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor Paul Isaac</p> <p>Mailing Address of Donor 75 Prospect Avenue</p> <p>City State Zip Larchmont NY 10538</p>	<p>Date of Receipt 10/03/2004</p> <p>Amount 509000</p>
<p>C. Full Name of Donor Thomas E. Jeckering</p> <p>Mailing Address of Donor 7720 Mayfield Rd.</p> <p>City State Zip Gates Mills OH 44040</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 500000</p>
<p>D. Full Name of Donor JIMMY JONES</p> <p>Mailing Address of Donor 4406 FLEXER DR.</p> <p>City State Zip HERNANDO BEACH FL 34607</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 500000</p>
<p>E. Full Name of Donor JIMMY JONES</p> <p>Mailing Address of Donor 4406 FLEXER DR.</p> <p>City State Zip HERNANDO BEACH FL 34607</p>	<p>Date of Receipt 10/02/2004</p> <p>Amount 500000</p>
<p>SUBTOTAL of Donations This Page (includes) ▶</p>	<p>800000</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>6955100</p>

SCHEDULE 9-A
Donation(s) Received

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<p>A. Full Name of Donor JIMMY JONES</p> <p>Mailing Address of Donor 4406 FLEXER DR.</p> <p>City State Zip HERNANDO BEACH FL 34607</p>	<p>Date of Receipt 10/15/04</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Ronald Kelsey</p> <p>Mailing Address of Donor 1314 College Avenue</p> <p>City State Zip VA 22401</p>	<p>Date of Receipt 10/31/04</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Mark Kendrat</p> <p>Mailing Address of Donor 835 Crest Dr</p> <p>City State Zip Cary IL 60013</p>	<p>Date of Receipt 11/04/04</p> <p>Amount 100000</p>
<p>D. Full Name of Donor William Knight</p> <p>Mailing Address of Donor 6195 Green Meadows</p> <p>City State Zip Memphis TN 38120</p>	<p>Date of Receipt 10/04/04</p> <p>Amount 50000</p>
<p>E. Full Name of Donor William Knight</p> <p>Mailing Address of Donor 6195 Green Meadows</p> <p>City State Zip Memphis TN 38120</p>	<p>Date of Receipt 10/16/04</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page last line number only)</p> <p>yearly total from last page to Line E)</p>	<p>325000</p> <p>7280000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor norman krischer</p> <p>Mailing Address of Donor 151 highland ave</p> <p>City State Zip montclair NJ 07042</p>	<p>Date of Receipt 10/01/2004</p> <p>Amount \$ 5000.00</p>
<p>B. Full Name of Donor Norman Krischer</p> <p>Mailing Address of Donor 26 Court Street, Room 2400</p> <p>City State Zip Brooklyn NY 11242</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount \$ 5000.00</p>
<p>C. Full Name of Donor Robert Kugel</p> <p>Mailing Address of Donor 143 Woodcrest Dr.</p> <p>City State Zip Chehalis WA 98532</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount \$ 2500.00</p>
<p>D. Full Name of Donor Ken Lee</p> <p>Mailing Address of Donor 1660 Jarrington Street</p> <p>City State Zip Mt Pleasant SC 29466</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount \$ 1000.00</p>
<p>E. Full Name of Donor Kenneth Lee</p> <p>Mailing Address of Donor 1660 Jarrington Street</p> <p>City State Zip Mt Pleasant SC 29466</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount \$ 500.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>13100.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 8)</p>	<p>85901.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Kenneth Lee</p> <p>Mailing Address of Donor 1650 Jorrington Street</p> <p>City State Zip Mt Pleasant SC 29466</p>	<p>Date of Receipt 10/9/04 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Darryl Leifheit</p> <p>Mailing Address of Donor 3820 Huffman Mill Pike</p> <p>City State Zip Lexington KY 40511</p>	<p>Date of Receipt 10/6/04 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Edward Lewandowski</p> <p>Mailing Address of Donor 805 Darrell Road</p> <p>City State Zip Hillsborough CA 94010</p>	<p>Date of Receipt 10/24/04 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor Cris Mandry</p> <p>Mailing Address of Donor 3223 8th St.</p> <p>City State Zip Metairie LA 70002</p>	<p>Date of Receipt 10/4/04 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Ken Marcus</p> <p>Mailing Address of Donor 12494 Palos Tierra Road</p> <p>City State Zip Valley Center CA 92082</p>	<p>Date of Receipt 10/4/04 2004</p> <p>Amount 10000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>300000</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to line 4)</p>	<p>8950100</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Duncan L. Matteson</p> <p>Mailing Address of Donor 1991 Broadway, Ste 300</p> <p>City State Zip Redwood City CA 94063</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 1000.00</p>
<p>B. Full Name of Donor Peter H. McGann</p> <p>Mailing Address of Donor P.O. Box 416</p> <p>City State Zip Groveport OH 43125</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 1000.00</p>
<p>C. Full Name of Donor Lisa Meaney</p> <p>Mailing Address of Donor 45 Avila Street</p> <p>City State Zip San Francisco CA 94123</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Lisa Meaney</p> <p>Mailing Address of Donor 45 Avila Street</p> <p>City State Zip San Francisco CA 94123</p>	<p>Date of Receipt 02/02/2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Judy Miller</p> <p>Mailing Address of Donor P.O. Box 7140</p> <p>City State Zip Quincy IL 62305</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 5000.00</p>
<p>SUBTOTAL of Donations This Page (top 2 lines)</p>	<p>8000.00</p>
<p>TOTAL This Page (last page 996 line number only) (carry total from last page to Line B)</p>	<p>87501.00</p>

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor H. Dewitt Mitchell			Date of Receipt 10/04/2004
Mailing Address of Donor 3034 The Oaks			Amount 5000.00
City Destin	State FL	Zip 32550	

B. Full Name of Donor H. Dewitt Mitchell			Date of Receipt 10/09/2004
Mailing Address of Donor 3034 The Oaks			Amount 5000.00
City Destin	State FL	Zip 32550	

C. Full Name of Donor Howard Mitnick			Date of Receipt 10/01/2004
Mailing Address of Donor 65 Madison Ave.			Amount 2800.00
City Morristown	State NJ	Zip 07960	

D. Full Name of Donor Howard Mitnick			Date of Receipt 11/03/2004
Mailing Address of Donor 65 Madison Ave.			Amount 1000.00
City Morristown	State NJ	Zip 07960	

E. Full Name of Donor David Morgan			Date of Receipt 11/03/2004
Mailing Address of Donor 18922 76th Ave SE			Amount 5000.00
City Snohomish	State WA	Zip 98296	

SUBTOTAL of Donations This Page (optional)	27500.00
TOTAL This Period (last page this line number only) <small>(carry total from last page to LWR 1)</small>	100251.00

SCHEDULE 9-A
Donation(s) Received

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<p>A. Full Name of Donor Robert C. Myers</p> <p>Mailing Address of Donor Box 79 Bertha Place</p> <p>City State Zip Ardley-on-Hudson NY 10503</p>	<p>Date of Receipt 10/04/04 Amount 1,500.00</p>
<p>B. Full Name of Donor stephen oxley</p> <p>Mailing Address of Donor P.o. box 909</p> <p>City State Zip Fort Smith AR 83002</p>	<p>Date of Receipt 10/03/04 Amount 1,000.00</p>
<p>C. Full Name of Donor Joseph J. Panna</p> <p>Mailing Address of Donor 7882 Weedsport Sennett Rd.</p> <p>City State Zip Weedsport NY 13166</p>	<p>Date of Receipt 10/04/04 Amount 1,000.00</p>
<p>D. Full Name of Donor George Parker</p> <p>Mailing Address of Donor 221 Chesley Lane</p> <p>City State Zip Chapel Hill NC 27514</p>	<p>Date of Receipt 10/04/04 Amount 500.00</p>
<p>E. Full Name of Donor George Parker</p> <p>Mailing Address of Donor 221 Chesley Lane</p> <p>City State Zip Chapel Hill NC 27514</p>	<p>Date of Receipt 10/02/04 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) (carry total from last page to line 5)</p>	<p>10,475.00</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor GREGORY PATTAKOS</p> <p>Mailing Address of Donor 4040 North Shore Drive</p> <p>City State Zip Akron OH 44333</p>	<p>Date of Receipt 10/04/04</p> <p>Amount 50000</p>
<p>B. Full Name of Donor GREGORY PATTAKOS</p> <p>Mailing Address of Donor 4040 North Shore Drive</p> <p>City State Zip AKRON OH 44333</p>	<p>Date of Receipt 10/04/04</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Jan Pillar</p> <p>Mailing Address of Donor 3825 Bluffview Dr.</p> <p>City State Zip Marletta GA 30062</p>	<p>Date of Receipt 10/04/04</p> <p>Amount 100000</p>
<p>D. Full Name of Donor ABE PODOLSKY</p> <p>Mailing Address of Donor 4815 AVE N</p> <p>City State Zip BROOKLYN NY 11234</p>	<p>Date of Receipt 10/01/04</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Richard Porter</p> <p>Mailing Address of Donor 875 Bryant Ave</p> <p>City State Zip Winnetka IL 60093</p>	<p>Date of Receipt 10/04/04</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>325000</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to line 5)</p>	<p>10600100</p>

SCHEDULE 9-A
Donation(s) Received

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<p>A. Full Name of Donor Robert W. Rust</p> <p>Mailing Address of Donor P.O. Box 7339</p> <p>City State Zip Breckenridge CO 80424</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 500000</p>
<p>B. Full Name of Donor thomas p. sartwelle</p> <p>Mailing Address of Donor 1300 post oak blvd suite 2500</p> <p>City State Zip Houston TX 77056</p>	<p>Date of Receipt 10/01/2004</p> <p>Amount 250000</p>
<p>C. Full Name of Donor Fred N. Sauer</p> <p>Mailing Address of Donor 454 Hammersmith</p> <p>City State Zip St. Louis MO 63141</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor Floyd E. Scales</p> <p>Mailing Address of Donor 12580 Durbin Dr.</p> <p>City State Zip St. Louis MO 63141</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor charles g. schappert</p> <p>Mailing Address of Donor c/o hps inc 1224 forest pkwy</p> <p>City State Zip paulsboro NJ 08066</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>775000</p>
<p>TOTAL This Period (add page this line number only) (carry over from last page to line 9)</p>	<p>1157500</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 22 OF 25

<p>A. Full Name of Donor charles g. schappert</p> <p>Mailing Address of Donor c/o hps inc 1224 forest pkwy</p> <p>City State Zip paulsboro NJ 08066</p>	<p>Date of Receipt 10/02/04 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Jeffrey M. Scott</p> <p>Mailing Address of Donor 5800 Hunters Gate</p> <p>City State Zip Troy MI 48098</p>	<p>Date of Receipt 10/02/04 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Duane Siebert</p> <p>Mailing Address of Donor 200 Park Central Blvd. South - Suite 2</p> <p>City State Zip Pompano Beach FL 33064</p>	<p>Date of Receipt 10/04/04 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Sigmund Silber</p> <p>Mailing Address of Donor 22B San Marcos Road E.</p> <p>City State Zip Santa Fe NJ 87508</p>	<p>Date of Receipt 10/03/04 2004</p> <p>Amount 500000</p>
<p>E. Full Name of Donor Paul Thomas</p> <p>Mailing Address of Donor PO Box 11085</p> <p>City State Zip Truckee CA 96162</p>	<p>Date of Receipt 10/03/04 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>400000</p>
<p>TOTAL This Period (Don't page this line number over) (carry total from last page to Line 9)</p>	<p>11975100</p>

SCHEDULE 9-A
Donation(s) Received

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<p>A. Full Name of Donor Mike & Cindy Tipton</p> <p>Mailing Address of Donor 19215 Sterling Hwy</p> <p>City State Zip Nimitchik AK 99639</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 2004.00</p>
<p>B. Full Name of Donor Jim Tonyan</p> <p>Mailing Address of Donor 3709 W. Clover Ave.</p> <p>City State Zip McHenry IL 60050</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 1000.00</p>
<p>C. Full Name of Donor Timothy Unger</p> <p>Mailing Address of Donor 4200 JPMorgan Chase Tower</p> <p>City State Zip Houston TX 77024</p>	<p>Date of Receipt 10/03/2004</p> <p>Amount 2500.00</p>
<p>D. Full Name of Donor Mark Wetmore</p> <p>Mailing Address of Donor 1215 Valley View Drive</p> <p>City State Zip Vermillion SD 57068</p>	<p>Date of Receipt 10/03/2004</p> <p>Amount 1000.00</p>
<p>E. Full Name of Donor John wheatleyjp@Eitel.net</p> <p>Mailing Address of Donor 1730 Thorp Cemetery Rd</p> <p>City State Zip Thorp WA 98926</p>	<p>Date of Receipt 10/02/2004</p> <p>Amount 2500.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>9004.00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry data from last page to line 9)</p>	<p>128755.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Doug White</p> <p>Mailing Address of Donor PO Box 104</p> <p>City State Zip Archibald LA 71218</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Doug White</p> <p>Mailing Address of Donor PO Box 104</p> <p>City State Zip Archibald LA 71218</p>	<p>Date of Receipt 09/02/2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor william young</p> <p>Mailing Address of Donor 10 eliot rd</p> <p>City State Zip lexington MA 02421</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor william young</p> <p>Mailing Address of Donor 10 eliot rd</p> <p>City State Zip lexington MA 02421</p>	<p>Date of Receipt 09/27/2004</p> <p>Amount 50000</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 (copies) ▶</p>	<p>200000</p>
<p>TOTAL This Period (last page has 996 number only) ▶ <small>(carry over from last page to Line 9)</small></p>	<p>13075500</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services		Date of Disbursement or Obligation 10/04/2004	
Mailing Address of Payee 800 Fairmount Avenue, Suite 306		Amount 2245575	
City Towson	State MD	Zip Code 21288	Communication Date 10/05/2004
Name of Employer Occupation			
Purpose of Disbursement (including title) of communication(s) Media Commission			
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District:	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For
B. Full Name (Last, First, Middle Initial) of Payee FOX News		Date of Disbursement or Obligation 10/04/2004	
Mailing Address of Payee 1211 Avenue of the Americas		Amount 14970500	
City New York	State NY	Zip Code 10036	Communication Date 10/05/2004
Name of Employer Occupation			
Purpose of Disbursement (including title) of communication(s) Media Buy			
Name of Federal Candidate John F. Kerry	Office Sought <input 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)		17216075	
TOTAL This Page(s) (last page this line number only) (carry total from last page to Line 10)		17216075	

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)
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<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
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<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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