

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

USE THIS FORM
 2008 FEB 18 AM 11:22

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

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

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

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

(d) Name of Employer or Principal Place of Business

(e) Occupation
 C

3. Is This Statement **New** or **Amended**

4. Covering Period from 10/09/04 through 10/14/04

5. (a) Date of Public Distribution(s) 10/14/04 **(b) Communication Title** "Why"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107? Yes No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
 Weymouth D. Symmes

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

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

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

(e) Occupation
 Retired

9. Total Donations This Statement 1,992,900.00

10. Total Disbursements/Obligations This Statement 3,170,684.11

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Weymouth D. Symmes

SIGNATURE Weymouth D. Symmes DATE 11/17/2004

NOTE: Submission of false information or incomplete information may subject you, person signing this statement to the penalties of 2 U.S.C. §423g.

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

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11. Person(s) Sharing/Exercising Control

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

PAGE 3 OF 42

A. Full Name of Donor LEE A. BEAMAN Mailing Address of Donor 1525 BROADWAY City State Zip NASHVILLE TN 37203	Date of Receipt M M D D Y Y 1 0 1 0 2 0 0 4 Amount 1 0 0 0 0 0
B. Full Name of Donor George C Bitting Mailing Address of Donor 120 Sachuest Way City State Zip Middletown RI 02842	Date of Receipt M M D D Y Y 1 0 1 2 2 0 0 4 Amount 1 0 0 0 0 0
C. Full Name of Donor Glen Black Mailing Address of Donor 1000 East Clearvue Ct. City State Zip Eagle ID 83616	Date of Receipt M M D D Y Y 1 0 1 0 2 0 0 4 Amount 1 0 0 0 0 0
D. Full Name of Donor glen black Mailing Address of Donor 1000 east clearvue ct. City State Zip eagle ID 83616	Date of Receipt M M D D Y Y 0 9 0 3 2 0 0 4 Amount 5 0 0 0 0 0
E. Full Name of Donor Robert Black Mailing Address of Donor P.O. Box 970 City State Zip Genoa NV 89411	Date of Receipt M M D D Y Y 1 0 1 3 2 0 0 4 Amount 5 0 0 0 0 0
SUBTOTAL of Donations This Page (optional)	3 1 0 0 0 0
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	3 1 0 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert Black</p> <p>Mailing Address of Donor P.O. Box 970</p> <p>City State Zip Genoa NV 89411</p>	<p>Date of Receipt M M D D Y Y Y Y 0 8 0 8 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>B. Full Name of Donor Robert Black</p> <p>Mailing Address of Donor P.O. Box 970</p> <p>City State Zip Genoa NV 89411</p>	<p>Date of Receipt M M D D Y Y Y Y 0 8 2 0 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Robert Black</p> <p>Mailing Address of Donor P.O. Box 970</p> <p>City State Zip Genoa NV 89411</p>	<p>Date of Receipt M M D D Y Y Y Y 0 8 3 1 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>D. Full Name of Donor William S. Borders</p> <p>Mailing Address of Donor 235 Sotir St NW</p> <p>City State Zip Fort Walton Beach FL 32548</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 0 9 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor David Bricker</p> <p>Mailing Address of Donor 160 Broadway</p> <p>City State Zip New York NY 10038</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0</p>

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

SCHEDULE 9-A
Donation(s) Received

PAGE 5 OF 42

A. Full Name of Donor Brett Byers Mailing Address of Donor 440 Davis Court, #1802 City State Zip San Francisco CA 94111	Date of Receipt M Y D M Y Y 1 0 1 1 2 0 0 4 Amount 1 0 0 0 0
B. Full Name of Donor Charles Coligure Mailing Address of Donor 19 Mayview Rd City State Zip Lawrence PA 15055	Date of Receipt M Y D M Y Y 1 0 1 3 2 0 0 4 Amount 1 0 0 0 0
C. Full Name of Donor John Connolly Mailing Address of Donor 700 Front St. City State Zip San Diego CA 92101	Date of Receipt M Y D M Y Y 1 0 1 1 2 0 0 4 Amount 5 0 0 0 0
D. Full Name of Donor Timothy Cooney Mailing Address of Donor 434 main street City State Zip wareham MA 02571	Date of Receipt M Y D M Y Y 1 0 0 9 2 0 0 4 Amount 5 0 0 0 0
E. Full Name of Donor Lammot Copeland Mailing Address of Donor 100 Rogers Rd City State Zip Wilmington DE 19801	Date of Receipt M Y D M Y Y 1 0 1 2 2 0 0 4 Amount 1 0 0 0 0
SUBTOTAL of Donations This Page (optional)	3,100.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	8,400.00

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Brooks Corbin</p> <p>Mailing Address of Donor 4220 Park Newport Drive, 207</p> <p>City State Zip Newport Beach CA 92660</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Doug Cronn</p> <p>Mailing Address of Donor 5333 N. Sonoran Canyon Place</p> <p>City State Zip Tucson AZ 85749</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Doug Cronn</p> <p>Mailing Address of Donor 5333 N. Sonoran Canyon Pl</p> <p>City State Zip Tucson AZ 85749</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 1,500.00</p>
<p>D. Full Name of Donor Tom Crook</p> <p>Mailing Address of Donor 2203 Riverview Drive</p> <p>City State Zip Murfreesboro TN 37129</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Leslie Deane</p> <p>Mailing Address of Donor 98 Main Street, Suite 205</p> <p>City State Zip Tiburon CA 94920</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 4,500.00</p>	
<p>TOTAL This Period (Use page this line number only) ▶ 12,900.00 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Leslie Deane</p> <p>Mailing Address of Donor 98 Main Street, Suite 205</p> <p>City State Zip Tiburon CA 94920</p>	<p>Date of Receipt M O N T H Y E A R 0 8 2 1 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor David deForrest</p> <p>Mailing Address of Donor 1870 Cleveland Road</p> <p>City State Zip Miami Beach FL 33141</p>	<p>Date of Receipt M O N T H Y E A R 1 0 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Steven Diehl</p> <p>Mailing Address of Donor 20311 Parkwood Court</p> <p>City State Zip Hagerstown MD 21742</p>	<p>Date of Receipt M O N T H Y E A R 1 0 1 3 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Greg Dodds</p> <p>Mailing Address of Donor 31 Whitcomb Drive</p> <p>City State Zip Grosse Pointe Farms MI 48236</p>	<p>Date of Receipt M O N T H Y E A R 1 0 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor John Dowd</p> <p>Mailing Address of Donor 1529 Crowell Road</p> <p>City State Zip Vienna VA 22182</p>	<p>Date of Receipt M O N T H Y E A R 1 0 1 1 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 4 2 5 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 1 7 1 5 0 0 0 (carry total from last page to Line 5)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Willard Edison</p> <p>Mailing Address of Donor 6043 Hatton Place</p> <p>City State Zip Ferndale WA 98248</p>	<p>Date of Receipt M M Y Y 1 0 1 2 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Todd Farha</p> <p>Mailing Address of Donor 345 Bayshore Blvd, GP 13</p> <p>City State Zip Tampa FL 33606</p>	<p>Date of Receipt M M Y Y 1 0 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Todd Farha</p> <p>Mailing Address of Donor 345 Bayshore Blvd GP 13</p> <p>City State Zip Tampa FL 33606</p>	<p>Date of Receipt M M Y Y 0 9 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor James Finn</p> <p>Mailing Address of Donor 3801 Rocky Point Way</p> <p>City State Zip Santa Rosa CA 95404</p>	<p>Date of Receipt M M Y Y 1 0 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Gene Foster</p> <p>Mailing Address of Donor 435 Dockside Drive #401</p> <p>City State Zip Naples LA 34110</p>	<p>Date of Receipt M M Y Y 1 0 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 3 2 5 0 0 0</p>	
<p>TOTAL This Period (last page tells how number only) ▶ 2 0 4 0 0 0 (carry total from last page to line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor richard fuisz</p> <p>Mailing Address of Donor 1127 langley lane</p> <p>City State Zip mclean VA 22101</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor richard fuisz</p> <p>Mailing Address of Donor 1127 langley lane</p> <p>City State Zip mclean VA 22101</p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Richard Fuisz</p> <p>Mailing Address of Donor 1127 Langley Lane</p> <p>City State Zip Mclean VA 22101</p>	<p>Date of Receipt 06 24 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor richard fuisz</p> <p>Mailing Address of Donor 1127 langley lane</p> <p>City State Zip mclean VA 22101</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor richard fuisz</p> <p>Mailing Address of Donor 1127 langley lane</p> <p>City State Zip mclean VA 22101</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 10000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 1,10000</p>	
<p>TOTAL This Period (last page this line number only) ▶ 2,150000 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Richard Gable</p> <p>Mailing Address of Donor 4515 Willard Ave., 2318</p> <p>City State Zip Chevy Chase MD 20815</p>	<p>Date of Receipt M O Y 1 0 0 9 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor lawrence gelman</p> <p>Mailing Address of Donor 3900 sundown dr</p> <p>City State Zip Mcallen TX 78503</p>	<p>Date of Receipt M O Y 1 0 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor richard gilliam</p> <p>Mailing Address of Donor p.o. box 820</p> <p>City State Zip keswick VA 22947</p>	<p>Date of Receipt M O Y 1 0 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor John Gioia</p> <p>Mailing Address of Donor 9524 Mount Vernon Landing</p> <p>City State Zip Alexandria VA 22309</p>	<p>Date of Receipt M O Y 1 0 1 1 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>E. Full Name of Donor John Gioia</p> <p>Mailing Address of Donor 9524 Mount Vernon Landing</p> <p>City State Zip Alexandria VA 22309</p>	<p>Date of Receipt M O Y 1 0 1 1 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</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>7 5 0 0 0 0</p> <p>2 0 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Jerry Glenn			Date of Receipt 1 0 1 4 2 0 0 4	
Mailing Address of Donor 54 Fairway Dr.			Amount 1 0 0 0 0 0	
City Southgate	State KY	Zip 41071		
B. Full Name of Donor Edward Gonzalez			Date of Receipt 0 0 2 3 2 0 0 4	
Mailing Address of Donor Four Times Square			Amount 2 5 0 0 0	
City New York	State NY	Zip 10036		
C. Full Name of Donor Edward Gonzalez			Date of Receipt 0 6 1 0 2 0 0 4	
Mailing Address of Donor Four Times Square, 31-400			Amount 2 5 0 0 0	
City New York	State NY	Zip 10036		
D. Full Name of Donor Edward E. Gonzalez			Date of Receipt 1 0 1 3 2 0 0 4	
Mailing Address of Donor Four Times Square, 31st Floor			Amount 1 0 0 0 0 0	
City New York	State NY	Zip 10036		
E. Full Name of Donor Oliver R Grace Jr			Date of Receipt 1 0 1 4 2 0 0 4	
Mailing Address of Donor 55 Brookville Road			Amount 5 0 0 0 0	
City Brookville	State NY	Zip 11545		
SUBTOTAL of Donations This Page (colored)			3 0 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to L310 3)			3 2 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Billy Graham</p> <p>Mailing Address of Donor 1550 Bay Street #209</p> <p>City State Zip San Francisco CA 94123</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Geof Greenberg</p> <p>Mailing Address of Donor 208 Lester Ave.</p> <p>City State Zip Yakima WA 98902</p>	<p>Date of Receipt 08 11 2004</p> <p>Amount 250.00</p>
<p>C. Full Name of Donor Geoffrey Greenberg</p> <p>Mailing Address of Donor 208 Lester Ave.</p> <p>City State Zip Yakima WA 98902</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 250.00</p>
<p>D. Full Name of Donor Geoffrey Greenberg</p> <p>Mailing Address of Donor 208 Lester Ave.</p> <p>City State Zip Yakima WA 98902</p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 500.00</p>
<p>E. 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 11 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2,500.00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>3,450.00</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 13 OF 42

A. Full Name of Donor James T. Hallett <hr/> Mailing Address of Donor 2920 Devonhurst D <hr/> City State Zip Gordonsville VA 22942	Date of Receipt 1 0 0 9 1 1 1 1 1 0 0 9 2 0 0 4 Amount 1 0 0 0 0 0
B. Full Name of Donor Thomas J. Harris <hr/> Mailing Address of Donor 200 West St <hr/> City State Zip Mandeville LA 70448	Date of Receipt 1 0 0 9 1 1 1 1 1 0 0 9 2 0 0 4 Amount 5 0 0 0 0 0
C. Full Name of Donor Thomas J. Harris <hr/> Mailing Address of Donor 200 West St <hr/> City State Zip Mandeville LA 70448	Date of Receipt 0 9 0 2 1 1 1 1 0 9 0 2 2 0 0 4 Amount 5 0 0 0 0 0
D. Full Name of Donor Mark Hemstreet <hr/> Mailing Address of Donor 11600 SW Shilo Lane <hr/> City State Zip Portland OR 97225	Date of Receipt 1 0 0 9 1 1 1 1 1 0 1 4 2 0 0 4 Amount 1 0 0 0 0 0
E. Full Name of Donor Thomas Herche <hr/> Mailing Address of Donor P.O. Box 3837 <hr/> City State Zip Seattle WA 98124	Date of Receipt 1 0 0 9 1 1 1 1 1 0 1 3 2 0 0 4 Amount 1 0 0 0 0 0
SUBTOTAL of Donations This Page (optional) ▶	4 0 0 0 0 0
TOTAL This Period (from page this line number only) ▶ <small>(carry over from last page to Line 2)</small>	3 8 5 0 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Roy Hinman</p> <p>Mailing Address of Donor 1099 A1A S.</p> <p>City State Zip St. Augustine FL 32080</p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor Roy II Hinman</p> <p>Mailing Address of Donor 1099 A1A S.</p> <p>City State Zip St. Augustine FL 32080</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor David Hodgman</p> <p>Mailing Address of Donor 9645 Scranton Rd # 120</p> <p>City State Zip San Diego CA 92121</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1000.00</p>
<p>D. Full Name of Donor Ann Iverson</p> <p>Mailing Address of Donor 2902 West Lane Drive, Unit E</p> <p>City State Zip Houston TX 77027</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Don Jacobson</p> <p>Mailing Address of Donor 115 Farm Road</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3000.00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>41500.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Don Jacobson</p> <p>Mailing Address of Donor 115 Farm Road</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 08 19 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor Don Jacobson</p> <p>Mailing Address of Donor 115 Farm Road</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 08 27 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor Don Jacobson</p> <p>Mailing Address of Donor 115 Farm Road</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 08 15 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Francis Janson</p> <p>Mailing Address of Donor 1564 Stapler Dr</p> <p>City State Zip Yardley PA 19067</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Francis Gerard Janson</p> <p>Mailing Address of Donor 1564 Stapler Dr</p> <p>City State Zip Yardley PA 19067</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 6 000 00</p>
<p>SUBTOTAL of Donations This Page (collected) ▶</p>	<p>1 9 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 6)</p>	<p>4 3 4 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor mumford john</p> <p>Mailing Address of Donor 2925 woodside road</p> <p>City State Zip woodside CA 94062</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor Willaim H. Jones</p> <p>Mailing Address of Donor 4131 Old Gun Rd E</p> <p>City State Zip Midlothian VA 23113</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Willaim H. Jones</p> <p>Mailing Address of Donor 4131 Old Gun Rd E</p> <p>City State Zip Midlothian VA 23113</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Thom Kitchens</p> <p>Mailing Address of Donor 6908 35th Ave SW</p> <p>City State Zip Seattle WA 98126</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Mark Kroll</p> <p>Mailing Address of Donor 493 Sinaloa Road</p> <p>City State Zip Simi Valley CA 93065</p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>5,500.00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>4,895.00</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Ray Kubi			Date of Receipt 10 14 2004	
Mailing Address of Donor 1112 7th Ave			Amount 1,000.00	
City	State	Zip		
Monroe	WI	53566		
B. Full Name of Donor michael lattin			Date of Receipt 10 10 2004	
Mailing Address of Donor 3250 sundance dr			Amount 1,000.00	
City	State	Zip		
elko	NV	89801		
C. Full Name of Donor Michael Lattin			Date of Receipt 08 20 2004	
Mailing Address of Donor 3250 Sundance Dr			Amount 250.00	
City	State	Zip		
Elko	NV	89801		
D. Full Name of Donor Kent Lillie			Date of Receipt 10 10 2004	
Mailing Address of Donor 8033 Legend Creek Dr			Amount 500.00	
City	State	Zip		
Destin	FL	32550		
E. Full Name of Donor Kent Lillie			Date of Receipt 08 18 2004	
Mailing Address of Donor 8033 Legend Creek Dr			Amount 500.00	
City	State	Zip		
Destin	FL	32550		
SUBTOTAL of Donations This Page (optional)			3,250.00	
TOTAL This Period (last page line number only) (carry total from last page to Line 3)			5,220.00	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Carl Linder			Date of Receipt 1 0 1 4 2 0 0 4	
Mailing Address of Donor 8555 Shawnee Run Road			Amount 3 5 0 0 0 0 0 0	
City Cincinnati	State OH	Zip 45243		
B. Full Name of Donor george loewenbaum			Date of Receipt 1 0 1 4 2 0 0 4	
Mailing Address of Donor 1708 windsor road			Amount 1 0 0 0 0 0	
City austin	State TX	Zip 78703		
C. Full Name of Donor Geoffrey Lubsen			Date of Receipt 1 0 1 1 2 0 0 4	
Mailing Address of Donor 153 Klinesville Rd.			Amount 5 0 0 0 0	
City Flemington	State NJ	Zip 08822		
D. Full Name of Donor Geoffrey Lubsen			Date of Receipt 0 8 2 4 2 0 0 4	
Mailing Address of Donor 153 Klinesville Rd.			Amount 2 5 0 0 0	
City Flemington	State NJ	Zip 08822		
E. Full Name of Donor Geoffrey Lubsen			Date of Receipt 0 8 0 8 2 0 0 4	
Mailing Address of Donor 153 Klinesville Rd/			Amount 2 5 0 0 0	
City Flemington	State NJ	Zip 08822		
SUBTOTAL of Donations (This Page Inpibrel)			3 5 2 0 0 0 0 0	
TOTAL (This Period (last page this line number only) (copy total from last page in Line 9)			4 0 4 2 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Richard Margolis</p> <p>Mailing Address of Donor 2910 Valmere Drive</p> <p>City State Zip Malibu CA 90265</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Richard Margolis</p> <p>Mailing Address of Donor 2910 Valmere Drive</p> <p>City State Zip Malibu CA 90265</p>	<p>Date of Receipt 08 12 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Jonathan Mayhew</p> <p>Mailing Address of Donor 21 Holly Lane</p> <p>City State Zip Darien CT 06820</p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Jonathan Mayhew</p> <p>Mailing Address of Donor 21 Holly Lane</p> <p>City State Zip Darien CT 06820</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Jonathan Mayhew</p> <p>Mailing Address of Donor 21 Holly Lane</p> <p>City State Zip Darien CT 06820</p>	<p>Date of Receipt 09 08 2004</p> <p>Amount 25000</p>
<p>SUBTOTAL of Donations (No Page (optional) ></p>	<p>200000</p>
<p>TOTAL This Period (last page this line number only) > (carry total from last page to Line 9)</p>	<p>40620000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor paul mccarthy</p> <p>Mailing Address of Donor 6316 S. Western</p> <p>City State Zip Chicago IL 60635</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Wilkes McClave</p> <p>Mailing Address of Donor 27 Jingle Lane</p> <p>City State Zip Bedford NY 10506</p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Charles H. McPherson</p> <p>Mailing Address of Donor P.O. Box 902</p> <p>City State Zip Gig Harbour WA 98335</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor Jan menke</p> <p>Mailing Address of Donor 1967 BAYVEIW DR</p> <p>City State Zip TIERRA VERDE FL 33715</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Victor Michael</p> <p>Mailing Address of Donor 6807 Foxglove Drive</p> <p>City State Zip Cheyenne WY 82009</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>5,000.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>41,120.00</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Victor Michael</p> <p>Mailing Address of Donor 6807 Foxglove Drive</p> <p>City State Zip Cheyenne WY 82009</p>	<p>Date of Receipt 05 18 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor frank michel</p> <p>Mailing Address of Donor 123 davis rd</p> <p>City State Zip malvern PA 19355</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Stuart Millheiser</p> <p>Mailing Address of Donor 33761 Limerick Lane</p> <p>City State Zip San Juan Capistrano CA 92675</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Stuart Millheiser</p> <p>Mailing Address of Donor 33761 Limerick Lane</p> <p>City State Zip San Juan Capistrano CA 92675</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor William Miner</p> <p>Mailing Address of Donor 3868 Bowers Drive</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 2 500 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 7 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>4 1 3 9 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William Miner</p> <p>Mailing Address of Donor 3868 Bowers Drive</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 08 19 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor William Miner</p> <p>Mailing Address of Donor 3868 Bowers Drive</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor William Miner</p> <p>Mailing Address of Donor 3868 Bowers Drive</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 08 09 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor Howard Mitnick</p> <p>Mailing Address of Donor 65 Madison Ave.</p> <p>City State Zip Morristown NJ 07960</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 2 500 00</p>
<p>E. Full Name of Donor James Morrison</p> <p>Mailing Address of Donor 3722 91st Place SE</p> <p>City State Zip Everett WA 98208</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2 000 00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>4 159 50 00</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 23 OF 42

A. Full Name of Donor mary movick Mailing Address of Donor 157 cottonwood City State Zip coppell TX 75019	Date of Receipt M M . D D . Y Y Y Y 1 0 . 1 1 . 2 0 0 4 Amount 1 0 0 0 0
B. Full Name of Donor neil mulligan Mailing Address of Donor 339 25TH STREET City State Zip va beach VA 23451	Date of Receipt M M . D D . Y Y Y Y 1 0 . 1 2 . 2 0 0 4 Amount 1 0 0 0 0 0
C. Full Name of Donor James Nelson Mailing Address of Donor 1854 ALTA VISTA DR City State Zip ROSEVILLE MN 55113	Date of Receipt M M . D D . Y Y Y Y 1 0 . 1 5 . 2 0 0 4 Amount 1 0 0 0 0 0
D. Full Name of Donor John Nelson Mailing Address of Donor 1205 Johnson Street City State Zip Menlo Park CA 94025	Date of Receipt M M . D D . Y Y Y Y 1 0 . 1 1 . 2 0 0 4 Amount 5 0 0 0 0
E. Full Name of Donor John Nelson Mailing Address of Donor 1205 Johnson Street City State Zip Menlo Park CA 94025	Date of Receipt M M . D D . Y Y Y Y 0 8 . 2 0 . 2 0 0 4 Amount 2 5 0 0 0
SUBTOTAL of Donations This Page (optional) ▶	2 8 5 0 0 0
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	4 1 8 8 0 0 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor John Nelson			Date of Receipt 0 9 / 1 8 / 2 0 0 4	
Mailing Address of Donor 1205 Johnson Street			Amount 2 5 0 0 0	
City Menlo Park	State CA	Zip 94025		
B. Full Name of Donor G. Mason Oberlin			Date of Receipt 1 0 / 0 9 / 2 0 0 4	
Mailing Address of Donor 48 Duck Cove Cir			Amount 1 0 0 0 0	
City Berlin	State MD	Zip 21811		
C. Full Name of Donor William F Odom Jr			Date of Receipt 1 0 / 1 4 / 2 0 0 4	
Mailing Address of Donor 229 Deerwood Drive			Amount 2 5 0 0 0	
City Huddleston	State VA	Zip 24104		
D. Full Name of Donor Doris Orr			Date of Receipt 1 0 / 1 0 / 2 0 0 4	
Mailing Address of Donor 13911 SE 47th Street			Amount 1 0 0 0 0 0	
City Bellevue	State WA	Zip 98006		
E. Full Name of Donor Mary Walton Percy			Date of Receipt 1 0 / 1 1 / 2 0 0 4	
Mailing Address of Donor 3146 Thomas Ave			Amount 5 0 0 0 0	
City Montgomery	State AL	Zip 36106		
SUBTOTAL of Donations This Page (optional)			2 1 0 0 0 0	
TOTAL This Period (last page into this number only) (carry total from last page to line 9)			4 2 0 9 0 0 0 0	

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor Mary Walton Percy			Date of Receipt 08 20 2004	
Mailing Address of Donor 3146 Thomas Ave			Amount 250.00	
City Montgomery	State AL	Zip 36106		
B. Full Name of Donor Mary Walton Percy			Date of Receipt 08 24 2004	
Mailing Address of Donor 3146 Thomas Ave			Amount 500.00	
City Montgomery	State AL	Zip 36106		
C. Full Name of Donor April Perry			Date of Receipt 10 14 2004	
Mailing Address of Donor 2205 Pembroke Place			Amount 500.00	
City Denton	State TX	Zip 76205		
D. Full Name of Donor April Perry			Date of Receipt 08 20 2004	
Mailing Address of Donor 2205 Pembroke Place			Amount 500.00	
City Denton	State TX	Zip 76205		
E. Full Name of Donor Bob Perry			Date of Receipt 10 12 2004	
Mailing Address of Donor P.O. Box 34153			Amount 4500.00	
City Houston	State TX	Zip 77234		
SUBTOTAL of Donations This Page (optional)			4517.50	
TOTAL This Period (last page this line number only) (carry total from last page to Line 3)			8726.50	

SCHEDULE 9-A
Donation(s) Received

<p>A. 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 1 0 1 3 2 0 0 4</p> <p>Amount 5 0 0 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 1 0 1 2 2 0 0 4</p> <p>Amount 5 0 0 0 0 0 0 0</p>
<p>C. Full Name of Donor Trent Pettijohn</p> <p>Mailing Address of Donor 6400 Harrods Court</p> <p>City State Zip Plano TX 75024</p>	<p>Date of Receipt M M Y Y 1 0 1 2 2 0 0 4</p> <p>Amount 5 0 0 0 0 0 0 0</p>
<p>D. Full Name of Donor Trent Pettijohn</p> <p>Mailing Address of Donor 6400 Harrods Court</p> <p>City State Zip Plano TX 75024</p>	<p>Date of Receipt M M Y Y 0 6 0 4 2 0 0 4</p> <p>Amount 5 0 0 0 0 0 0 0</p>
<p>E. Full Name of Donor Jim Phillips</p> <p>Mailing Address of Donor 101 Bull Street</p> <p>City State Zip Charleston SC 29401</p>	<p>Date of Receipt M M Y Y 1 0 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (addition)</p>	<p>1 0 0 2 0 0 0 0 0</p>
<p>TOTAL This Period (add page total for number only)</p> <p>(carry total from last page to line 9)</p>	<p>1 8 7 4 5 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor abe podolsky</p> <p>Mailing Address of Donor 4815 avenue N</p> <p>City State Zip brooklyn NY 11234</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor ABRAHAM PODOLSKY</p> <p>Mailing Address of Donor 4815 AVENUE N</p> <p>City State Zip BROOKLYN NY 11234</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor ABRAHAM PODOLSKY</p> <p>Mailing Address of Donor 4815 AVENUE N</p> <p>City State Zip BROOKLYN NY 11234</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Frank Price</p> <p>Mailing Address of Donor 527 Spoleto Drive</p> <p>City State Zip Pacific Palisades CA 90272</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Philip Propper</p> <p>Mailing Address of Donor 4545 La Granada Way</p> <p>City State Zip La Canada CA 91011</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>4,000.00</p>
<p>TOTAL This Period (last page line line number only) ▶ (carry total from last page to Line 9)</p>	<p>1,878,650.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Barry Relinger</p> <p>Mailing Address of Donor 35 Duck La.</p> <p>City State Zip West Islip NY 11795</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Barry Relinger</p> <p>Mailing Address of Donor 35 Duck La.</p> <p>City State Zip West Islip NY 11795</p>	<p>Date of Receipt 09 26 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Edward Reske</p> <p>Mailing Address of Donor 1004 Sharpsburg Dr., S.E.</p> <p>City State Zip Huntsville AL 35803</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor Paul Reynolds</p> <p>Mailing Address of Donor 5368 fredericksburg rd.</p> <p>City State Zip San Antonio TX 78229</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>E. Full Name of Donor Jeff Rhodes</p> <p>Mailing Address of Donor 3643 Laural Ridge</p> <p>City State Zip Springdale AR 72764</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>7 1 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1 9 8 5 7 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 29 OF 42

A. Full Name of Donor Augusta Roddis Mailing Address of Donor 1108 E 4th St City State Zip Marshfield WI 54449	Date of Receipt M M Y Y 1 0 0 9 2 0 0 4 Amount 5 0 0 0 0 0
B. Full Name of Donor James Rose Mailing Address of Donor 3567 Rockybar Hollow Lane City State Zip Free Union VA 22940	Date of Receipt M M Y Y 1 0 1 4 2 0 0 4 Amount 2 5 0 0 0 0
C. Full Name of Donor Michael J. Ross Mailing Address of Donor 12826 Dubon Ln City State Zip Saint Louis MO 63131	Date of Receipt M M Y Y 1 0 0 8 2 0 0 4 Amount 5 0 0 0 0 0
D. Full Name of Donor Michael J. Ross Mailing Address of Donor 12826 Dubon Ln City State Zip Saint Louis MO 63131	Date of Receipt M M Y Y 0 9 0 2 2 0 0 4 Amount 5 0 0 0 0 0
E. Full Name of Donor Adrian O. Rule III Mailing Address of Donor 90 Pheasant Run City State Zip Chagrin Falls OH 44022	Date of Receipt M M Y Y 1 0 0 9 2 0 0 4 Amount 2 5 0 0 0 0
SUBTOTAL of Donations This Page (optional)	1 1 0 0 0 0 0
TOTAL This Period (last page this line number only) <small>(carry total from last page to Line 9)</small>	1 8 9 6 7 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Adrian O. Rule III			Date of Receipt M O Y Y 0 8 2 2 2 0 0 4	
Mailing Address of Donor 90 Pheasant Run			Amount \$ 1 0 0 0 0	
City	State	Zip		
Chagrin Falls	OH	44022		
B. Full Name of Donor Earl Rupp			Date of Receipt M O Y Y 1 0 0 9 2 0 0 4	
Mailing Address of Donor 1495 E 14th St			Amount \$ 4 7 5 0 0	
City	State	Zip		
San Leandro	CA	94577		
C. Full Name of Donor Earl Rupp			Date of Receipt M O Y Y 0 9 0 2 2 0 0 4	
Mailing Address of Donor 1495 E 14th St			Amount \$ 5 2 5 0 0	
City	State	Zip		
San Leandro	CA	94577		
D. Full Name of Donor James Russell			Date of Receipt M O Y Y 1 0 0 9 2 0 0 4	
Mailing Address of Donor 1820 NE 104th Ave, Apt 66			Amount \$ 5 0 0 0 0	
City	State	Zip		
Portland	OR	97220		
E. Full Name of Donor James Russell			Date of Receipt M O Y Y 0 9 0 2 2 0 0 4	
Mailing Address of Donor 1820 NE 104th Ave Apt 66			Amount \$ 2 0 0 0 0	
City	State	Zip		
Portland	OR	97220		
SUBTOTAL of Donations This Page (optional)			\$ 1 8 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line R)			\$ 1 8 9 8 5 5 0 0 0	

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor James Russell</p> <p>Mailing Address of Donor 1820 NE 104th Ave Apt 66</p> <p>City State Zip Portland OR 97220</p>	<p>Date of Receipt M I D Y Y Y 0 9 0 9 2 0 0 4</p> <p>Amount 5 0 0 . 0 0</p>
<p>B. Full Name of Donor George Salmas</p> <p>Mailing Address of Donor 1880 Century Park East</p> <p>City State Zip Los Angeles CA 90067</p>	<p>Date of Receipt M I D Y Y Y 1 0 1 4 2 0 0 4</p> <p>Amount 2 5 0 . 0 0</p>
<p>C. Full Name of Donor George Salmas</p> <p>Mailing Address of Donor 1880 Century Park East, Suite 420</p> <p>City State Zip Los Angeles CA 90067</p>	<p>Date of Receipt M I D Y Y Y 0 8 1 8 2 0 0 4</p> <p>Amount 5 0 0 . 0 0</p>
<p>D. Full Name of Donor George Salmas</p> <p>Mailing Address of Donor 1880 Century Park East, Suite 420</p> <p>City State Zip Los Angeles CA 90067</p>	<p>Date of Receipt M I D Y Y Y 0 9 0 9 2 0 0 4</p> <p>Amount 2 5 0 . 0 0</p>
<p>E. Full Name of Donor Meshell Schloss</p> <p>Mailing Address of Donor 10308 Bayless Lane</p> <p>City State Zip Fort Wayne IN 46804</p>	<p>Date of Receipt M I D Y Y Y 1 0 1 3 2 0 0 4</p> <p>Amount 2 5 0 0 . 0 0</p>
<p>GRAND TOTAL of Donations This Page (optional) ▶</p>	<p>4 0 0 0 . 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1 9 0 2 5 5 0 . 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Meshell Schloss</p> <p>Mailing Address of Donor 10308 Bayless Lane</p> <p>City State Zip Fort Wayne IN 46804</p>	<p>Date of Receipt M M D D Y Y 0 5 2 9 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Wilfred Schuemann</p> <p>Mailing Address of Donor 1450A Tucker Road</p> <p>City State Zip Hood River OR 97031</p>	<p>Date of Receipt M M D D Y Y 1 0 1 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Wilfred Schuemann</p> <p>Mailing Address of Donor 1450A Tucker Road</p> <p>City State Zip Hood River OR 97031</p>	<p>Date of Receipt M M D D Y Y 0 8 2 0 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Paul Schulstad</p> <p>Mailing Address of Donor 20 Eckert Farm Road</p> <p>City State Zip Saddle River NJ 07458</p>	<p>Date of Receipt M M D D Y Y 1 0 1 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor Stace Sewell</p> <p>Mailing Address of Donor 7035 Bremerton</p> <p>City State Zip Dallas TX 75252</p>	<p>Date of Receipt M M D D Y Y 1 0 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 5 0 0 0 0</p>
<p>TOTAL This Period (last page this (no number only) (carry total from last page to Line 9)</p>	<p>1 9 0 5 0 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Stace Sewell Mailing Address of Donor 7035 Bremerton City State Zip Dallas TX 75252	Date of Receipt 0 8 - 2 0 - 2 0 0 4 Amount 5 0 0 0 0
B. Full Name of Donor Terry Shaffel Mailing Address of Donor 32 walnut Avenue City State Zip Los gatos CA 95030	Date of Receipt 0 8 - 1 1 - 2 0 0 4 Amount 5 0 0 0 0
C. Full Name of Donor Terry Shaffel Mailing Address of Donor 32 Walnut Avenue City State Zip Los Gatos CA 95030	Date of Receipt 0 8 - 2 7 - 2 0 0 4 Amount 5 0 0 0 0
D. Full Name of Donor Thomas Shanahan Mailing Address of Donor 100 Manzanita Way City State Zip Woodside CA 94062	Date of Receipt 1 0 - 1 4 - 2 0 0 4 Amount 5 0 0 0 0
E. Full Name of Donor David Shemwell Mailing Address of Donor 535 36th Ave E City State Zip Seattle WA 98112	Date of Receipt 1 0 - 1 4 - 2 0 0 4 Amount 1 0 0 0 0 0
SUBTOTAL of Donations This Page (optional)	3 0 0 0 0 0
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	1 9 0 5 0 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Alvin Sherman</p> <p>Mailing Address of Donor 3000 Island Blvd</p> <p>City State Zip Aventura FL 33160</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Alvin Sherman</p> <p>Mailing Address of Donor 3000 Island Blvd</p> <p>City State Zip Aventura FL 33160</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor ALVIN SHERMAN</p> <p>Mailing Address of Donor 3000 ISLAND BLVD</p> <p>City State Zip AVENTURA FL 33160</p>	<p>Date of Receipt 08 30 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor Lee Solaroli</p> <p>Mailing Address of Donor c/o Starrex, Inc. 750 Main Street, P.O.</p> <p>City State Zip Warren MA 01083</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Peter Stent</p> <p>Mailing Address of Donor 170 Josselyn Ln</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>3 250 00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1 911 300 00</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Richard Strain			Date of Receipt Y Y M D Y Y M D 1 0 1 2 2 0 0 4	
Mailing Address of Donor 5001 SW 70 Ave			Amount 5 0 0 0 0	
City	State	Zip		
Davie	FL	33314		
B. Full Name of Donor Richard Strain			Date of Receipt Y Y M D Y Y M D 0 8 2 9 2 0 0 4	
Mailing Address of Donor 5001 SW 70 Ave			Amount 1 0 0 0 0	
City	State	Zip		
Davie	FL	33314		
C. Full Name of Donor Richard Strain			Date of Receipt Y Y M D Y Y M D 0 9 0 2 2 0 0 4	
Mailing Address of Donor 5001 sw 70 Ave			Amount 5 0 0 0 0	
City	State	Zip		
Davie	FL	33314		
D. Full Name of Donor James Tegeder			Date of Receipt Y Y M D Y Y M D 1 0 1 2 2 0 0 4	
Mailing Address of Donor 4716 Ridge Water CT			Amount 5 0 0 0 0	
City	State	Zip		
Holly Springs	NC	27540		
E. Full Name of Donor James Tegeder			Date of Receipt Y Y M D Y Y M D 0 8 1 9 2 0 0 4	
Mailing Address of Donor 4716 Ridge Water CT			Amount 5 0 0 0 0	
City	State	Zip		
Holly Springs	NC	27540		
SUBTOTAL of Donations This Page (optional)			2 1 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			1 9 1 3 4 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor C. Phillip Tholen</p> <p>Mailing Address of Donor 4203 East 75th Place</p> <p>City State Zip Tulsa OK 74136</p>	<p>Date of Receipt 1 0 - 1 4 - 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>B. 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 1 0 - 1 1 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor M Ray Thomasson</p> <p>Mailing Address of Donor 1410 High Street</p> <p>City State Zip Denver CO 80218</p>	<p>Date of Receipt 1 0 - 1 3 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Arthur H. Tiger</p> <p>Mailing Address of Donor 8 Glenbrook Dr</p> <p>City State Zip Mendham NJ 07945</p>	<p>Date of Receipt 1 0 - 0 5 - 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor Norman Traverse</p> <p>Mailing Address of Donor 1744 South Ocean Blvd</p> <p>City State Zip Palm Beach FL 33480</p>	<p>Date of Receipt 1 0 - 1 1 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>5 3 5 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1 9 6 6 9 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Donald Tucker</p> <p>Mailing Address of Donor 6406 W Halbert Rd</p> <p>City State Zip Bethesda MD 20817</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Donald and Karen Tucker</p> <p>Mailing Address of Donor 6406 West Halbert Rd.</p> <p>City State Zip Bethesda MD 20817</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Michael Valentine</p> <p>Mailing Address of Donor 1861 Dexter Avenue</p> <p>City State Zip Cincinnati OH 45206</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 250000</p>
<p>D. Full Name of Donor cynthia vier</p> <p>Mailing Address of Donor 7606 W 99th Ter</p> <p>City State Zip Overland Park KS 66212</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Gary L Waddington</p> <p>Mailing Address of Donor 11476 East Desert Troon Lane</p> <p>City State Zip Scottsdale AZ 85255</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 100000</p>
<p>*SUBTOTAL of Donations This Page (optional) ▶</p>	<p>550000</p>
<p>TOTAL This Period (last page this file number only) ▶ (carry total from last page to Line 9)</p>	<p>19724000</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Beth Wade			Date of Receipt 10 14 2004	
Mailing Address of Donor 1112 Park Avenue, #9A			Amount 2,500.00	
City New York	State NY	Zip 10128		
B. Full Name of Donor Robert T. Walsh			Date of Receipt 10 12 2004	
Mailing Address of Donor 136 Smithfield Ct.			Amount 1,000.00	
City Basking Ridge	State NJ	Zip 07920		
C. Full Name of Donor Roy Weiland			Date of Receipt 10 9 2004	
Mailing Address of Donor 18 Rolling Hill Court			Amount 500.00	
City Madison	State NJ	Zip 07940		
D. Full Name of Donor Roy Weiland			Date of Receipt 08 31 2004	
Mailing Address of Donor 18 Rolling Hill Court			Amount 500.00	
City Madison	State NJ	Zip 07940		
E. Full Name of Donor Billy Wilks			Date of Receipt 10 08 2004	
Mailing Address of Donor 9136 Heather Lane			Amount 600.00	
City Moss Point	State MS	Zip 39562		
SUBTOTAL of Donations This Page (optional)			1,400.00	
TOTAL This Period (Use page this line number only) (carry total from last page to Line 9)			1,986,400.00	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor billy wilks</p> <p>Mailing Address of Donor 9136 heather ln</p> <p>City State Zip moss point MS 39562</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor Edward Wnorowski, Jr.</p> <p>Mailing Address of Donor 11307 River Knoll Drive</p> <p>City State Zip Jacksonville FL 32225</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Edward Wnorowski, Jr.</p> <p>Mailing Address of Donor 11307 River Knoll Drive</p> <p>City State Zip Jacksonville FL 32225</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Taras Wolansky</p> <p>Mailing Address of Donor 400 Willow Tree Rd.</p> <p>City State Zip Leonia NJ 07605</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Taras Wolansky</p> <p>Mailing Address of Donor 400 Willow Tree Rd.</p> <p>City State Zip Leonia NJ 07605</p>	<p>Date of Receipt 05 26 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2500.00</p>
<p>TOTAL This Period (see page this line number only) ▶ (carry total from last page to Line B)</p>	<p>1988900.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert Woodings</p> <p>Mailing Address of Donor 6 Meadowood Drive</p> <p>City State Zip Pittsburgh PA 15215</p>	<p>Date of Receipt M O D Y Y Y 1 0 1 1 2 0 0 4</p> <p>Amount 2 5 0 0 . 0 0</p>
<p>B. Full Name of Donor William Young</p> <p>Mailing Address of Donor 10 Eliot Road</p> <p>City State Zip Lexington MA 02421</p>	<p>Date of Receipt M O D Y Y Y 1 0 1 4 2 0 0 4</p> <p>Amount 5 0 0 0 . 0 0</p>
<p>C. Full Name of Donor Robert Zoeller</p> <p>Mailing Address of Donor 1909 Elmore St</p> <p>City State Zip Louisville KY 40216</p>	<p>Date of Receipt M O D Y Y Y 1 0 1 2 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</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 D Y Y Y</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 D Y Y Y</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 4 0 0 0 . 0 0</p>	
<p>TOTAL This Period (per page this line number only) ▶ 1 9 0 2 . 9 0 0 0 0 0 (carry lots from last page to Line 2)</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 1 0 1 5 2 0 0 4			
Mailing Address of Payee 600 Fairmount Avenue, Suite 306				Amount 5 1 1 8 8 4 1			
City Towson	State MD	Zip Code 21286		Communication Costs 1 0 1 4 2 0 0 4			
Name of Employer				Occupation			
Purpose of Disbursement (including title(s) of communication(s)) Media Commission							
Name of Federal Candidate John F. Kerry		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought:		State:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought:		State:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee FOX News				Date of Disbursement or Obligation 1 0 1 3 2 0 0 4			
Mailing Address of Payee 1211 Avenue of the Americas				Amount 2 3 1 7 1 0 0 0			
City New York	State NY	Zip Code 10036		Communication Costs 1 0 1 4 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:		State:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought:		State:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				2 8 2 8 9 8 4 1			
TOTAL This Period (last page this line number only) (copy total from last page to Line 10)				2 8 2 8 9 8 4 1			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee COMCAST SPOTLIGHT				Date of Disbursement or Obligation 1 0 / 1 3 / 2 0 0 4	
Mailing Address of Payee 5454 Wisconsin Avenue, Suite 625				Amount 3 4 1 7 0 0 0	
City Chevy Chase	State MD	Zip Code 20815		Communication Date 1 0 / 1 4 / 2 0 0 4	
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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
B. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation	
Mailing Address of Payee				Amount	
City	State	Zip Code		Communication Date	
Name of Employer				Occupation	
Purpose of Disbursement (including title) of communication(s)					
Name of Federal Candidate John F. Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
SUBTOTAL of Disbursements/Obligations This Page (optional)				3 4 1 7 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				3 1 7 0 6 8 4 1	

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed. Ex</i>	Shipping Date <i>11-17-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMN</i> PREPARER	<i>11-18-04</i> DATE PREPARED