

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

11/17/2004
 10:18 AM
 A 11 23

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

(a) Name
 Swift Boat Veterans 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

2. FEC Identification Number
 C

3. Is This Statement New or Amended

4. Covering Period
 from 10/28/04 through 10/29/04

5. (a) Date of Public Distribution(s) 10/29/04 (b) Communication Title Nothing to Gain

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 26184

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

(d) Name of Employer or Principal Place of Business

(e) Occupation
 Retired

9. Total Donations This Statement 677,250.00

10. Total Disbursements/Obligations This Statement 480,677.77

Under penalty of perjury, I certify that this statement is true, exact 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, erroneous or incomplete information may subject the person signing this statement to the penalty of 2 U.S.C. 5107g.

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

PAGE 2 OF 17

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 Pierce	(e) Occupation Attorney
C.	(a) Name Alvin 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
Donation(s) Received

<p>A. Full Name of Donor Richard Bennett</p> <p>Mailing Address of Donor 1009 Kakagi Ct</p> <p>City State Zip Lexington KY 40515</p>	<p>Date of Receipt M D Y Y 10 29 2004</p> <p>Amount 250.00</p>
<p>B. Full Name of Donor John Bettendorf</p> <p>Mailing Address of Donor 9399 SE Delafield St</p> <p>City State Zip Hobe Sound FL 33455</p>	<p>Date of Receipt M D Y Y 08 27 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor John Bettendorf</p> <p>Mailing Address of Donor 9399 SE Delafield Street</p> <p>City State Zip Hobe Sound FL 33455</p>	<p>Date of Receipt M D Y Y 08 19 2004</p> <p>Amount 250.00</p>
<p>D. Full Name of Donor John Bettendorf</p> <p>Mailing Address of Donor 9399 SE Delafield Street</p> <p>City State Zip Hobe Sound FL 33455</p>	<p>Date of Receipt M D Y Y 08 20 2004</p> <p>Amount 250.00</p>
<p>E. Full Name of Donor Douglas A. Bavis</p> <p>Mailing Address of Donor 530 Hillside Dr E</p> <p>City State Zip Seattle WA 98112</p>	<p>Date of Receipt M D Y Y 10 27 2004</p> <p>Amount 1000.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2250.00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page in Line 9)</p>	<p>2250.00</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Joseph Corda			Date of Receipt M M Y Y 1 0 2 7 2 0 0 4	
Mailing Address of Donor 1310 E Treasure Cove Dr			Amount 5 0 0 0 0	
City Gilbert	State AZ	Zip 85234		
B. Full Name of Donor Joseph Corda			Date of Receipt M M Y Y 0 9 1 7 2 0 0 4	
Mailing Address of Donor 1310 E. Treasure Cove Rd.			Amount 5 0 0 0 0	
City Gilbert	State AZ	Zip 85234		
C. Full Name of Donor Leon Davis			Date of Receipt M M Y Y 1 0 2 7 2 0 0 4	
Mailing Address of Donor 502 Thamer Ln			Amount 5 0 0 0 0	
City Houston	State TX	Zip 77024		
D. Full Name of Donor robert d dingeman			Date of Receipt M M Y Y 1 0 2 9 2 0 0 4	
Mailing Address of Donor 664 aspen hts drive			Amount 1 0 0 0 0	
City fairbanks	State AK	Zip 99712		
E. Full Name of Donor denis engel			Date of Receipt M M Y Y 1 0 2 8 2 0 0 4	
Mailing Address of Donor 6321 e calle bruvira			Amount 1 0 0 0 0	
City paradise valley	State AZ	Zip 85253		
SUBTOTAL of Donations This Page (optional)			1 7 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			3 9 5 0 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Stephen Erickson</p> <p>Mailing Address of Donor 1934 Oak Knoll Drive</p> <p>City State Zip Belmont CA 94002</p>	<p>Date of Receipt M M D D Y Y 1 0 2 8 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Stephen Erickson</p> <p>Mailing Address of Donor 1934 Oak Knoll Drive</p> <p>City State Zip Belmont CA 94002</p>	<p>Date of Receipt M M D D Y Y 0 0 2 8 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor Stephen Erickson</p> <p>Mailing Address of Donor 1934 Oak Knoll Drive</p> <p>City State Zip Belmont CA 94002</p>	<p>Date of Receipt M M D D Y Y 0 3 2 2 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Stephen E. Erickson</p> <p>Mailing Address of Donor 1934 Oak Knoll Dr</p> <p>City State Zip Belmont CA 94002</p>	<p>Date of Receipt M M D D Y Y 0 9 0 2 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>E. Full Name of Donor Grant Fitts</p> <p>Mailing Address of Donor P.O. Box 670748</p> <p>City State Zip Dallas TX 75367</p>	<p>Date of Receipt M M D D Y Y 1 0 2 7 2 0 0 4</p> <p>Amount 7 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 8 8 5 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 1 2 8 0 0 0 0 (carry total from last page to Line B)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor paul gordon			Date of Receipt 10 29 2004	
Mailing Address of Donor 9001 fernwood rd			Amount 250.00	
City Bethesda	State MD	Zip 20817		
B. Full Name of Donor Hale Harrison			Date of Receipt 10 29 2004	
Mailing Address of Donor PO Box 1112			Amount 1,000.00	
City Ocean City	State MD	Zip 21843		
C. Full Name of Donor mark hillestad			Date of Receipt 10 28 2004	
Mailing Address of Donor 220 hatch rd			Amount 250.00	
City wadsworth	State OH	Zip 44281		
D. Full Name of Donor mark hillestad			Date of Receipt 08 25 2004	
Mailing Address of Donor 220 hatch rd			Amount 1,000.00	
City wadsworth	State OH	Zip 44281		
E. Full Name of Donor mark hillestad			Date of Receipt 08 30 2004	
Mailing Address of Donor 220 hatch road			Amount 1,000.00	
City wadsworth	State OH	Zip 44281		
SUBTOTAL of Donations This Page (optional)			1,700.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			1,450.00	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor mark hillestad</p> <p>Mailing Address of Donor 220 hatch rd</p> <p>City State Zip wadsworth OH 44281</p>	<p>Date of Receipt 0 9 / 0 9 / 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor mark hillestad</p> <p>Mailing Address of Donor 220 hatch rd</p> <p>City State Zip wadsworth OH 44281</p>	<p>Date of Receipt 1 0 / 1 4 / 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor mark hillestad</p> <p>Mailing Address of Donor 220 hatch rd</p> <p>City State Zip wadsworth OH 44281</p>	<p>Date of Receipt 1 0 / 1 8 / 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>D. Full Name of Donor Leonard S. Holman, Jr.</p> <p>Mailing Address of Donor 5241 Winged Foot Drive</p> <p>City State Zip Youngstown OH 44512</p>	<p>Date of Receipt 1 0 / 2 8 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor George Kettle</p> <p>Mailing Address of Donor 1430 Spring Hill Road Suite 100</p> <p>City State Zip McLean VA 22102</p>	<p>Date of Receipt 1 0 / 2 8 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</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) ▶ (carry total from last page to line 9)</p>	<p>1 7 2 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Leon Lang</p> <p>Mailing Address of Donor 26417 N Fernbush Dr</p> <p>City State Zip Glendale AZ 85310</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Seymour N. Lotsoff</p> <p>Mailing Address of Donor 439 E North Water St</p> <p>City State Zip Chicago IL 60611</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Thomas McGuire</p> <p>Mailing Address of Donor PO Box 328</p> <p>City State Zip Bonners Ferry ID 83805</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Thomas McGuire</p> <p>Mailing Address of Donor PO Box 328</p> <p>City State Zip Bonners Ferry ID 83805</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 50000</p>
<p>E. 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 27 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>275000</p>
<p>TOTAL This Period (add page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>2000000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Frank Mitchell</p> <p>Mailing Address of Donor 8791 Fairway Gardens Dr</p> <p>City State Zip Cordova TN 38016</p>	<p>Date of Receipt M D Y Y 1 0 2 7 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor John Mumford</p> <p>Mailing Address of Donor 2925 Woodside Rd</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt M D Y Y 1 0 2 7 2 0 0 4</p> <p>Amount 6 7 5 0 0 0</p>
<p>C. Full Name of Donor Boone Pickens (In-kind)</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 D Y Y 1 0 2 9 2 0 0 4</p> <p>Amount 5 0 0 0 0 0 0 0</p>
<p>D. Full Name of Donor Richard Portis</p> <p>Mailing Address of Donor 545 N. Dearborn St. Apt. 3505</p> <p>City State Zip Chicago IL 60610</p>	<p>Date of Receipt M D Y Y 1 0 2 7 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>E. Full Name of Donor Richard Portis</p> <p>Mailing Address of Donor 545 N. Dearborn St. Apt. 3505</p> <p>City State Zip Chicago IL 60610</p>	<p>Date of Receipt M D Y Y 0 8 0 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>5 9 9 2 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>6 1 9 2 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Richard Portis</p> <hr/> <p>Mailing Address of Donor 545 N. Dearborn St. Apt. 3505</p> <p>City: Chicago State: IL Zip: 60610</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">0 8 / 1 8 / 2 0 0 4</p> <hr/> <p style="text-align: center;">Amount</p> <p style="text-align: center;">2 5 0 0 0</p>
<p>B. Full Name of Donor Edward Quinn III</p> <hr/> <p>Mailing Address of Donor 7 Quail Ridge Road</p> <p>City: Milford State: DE Zip: 19963</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">1 0 / 2 8 / 2 0 0 4</p> <hr/> <p style="text-align: center;">Amount</p> <p style="text-align: center;">1 0 0 0 0 0</p>
<p>C. Full Name of Donor Thomas P. Sartwell</p> <hr/> <p>Mailing Address of Donor 1300 Post Oak Blvd, Ste 2500</p> <p>City: Houston State: TX Zip: 77056</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">1 0 / 2 7 / 2 0 0 4</p> <hr/> <p style="text-align: center;">Amount</p> <p style="text-align: center;">2 5 0 0 0</p>
<p>D. Full Name of Donor Paul Seagers</p> <hr/> <p>Mailing Address of Donor 8222 Douglas Ave, Ste 790</p> <p>City: Dallas State: TX Zip: 75225</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">1 0 / 2 7 / 2 0 0 4</p> <hr/> <p style="text-align: center;">Amount</p> <p style="text-align: center;">5 0 0 0 0</p>
<p>E. Full Name of Donor Paul R. Seagers</p> <hr/> <p>Mailing Address of Donor 8222 Douglas Ave. Ste. 790</p> <p>City: Dallas State: TX Zip: 75225</p>	<p style="text-align: center;">Date of Receipt</p> <p style="text-align: center;">0 5 / 1 7 / 2 0 0 4</p> <hr/> <p style="text-align: center;">Amount</p> <p style="text-align: center;">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 line number only) (carry total from last page to this line) ▶</p>	<p>6 2 1 7 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William Slaughter</p> <p>Mailing Address of Donor 2942 Cherokee Road</p> <p>City State Zip Birmingham AL 35223</p>	<p>Date of Receipt M O Y 1 0 2 8 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor William Slaughter</p> <p>Mailing Address of Donor 2942 Cherokee Road</p> <p>City State Zip Birmingham AL 35223</p>	<p>Date of Receipt M O Y 0 9 0 2 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor William Slaughter</p> <p>Mailing Address of Donor 2942 Cherokee Road</p> <p>City State Zip Birmingham AL 35223</p>	<p>Date of Receipt M O Y 0 9 2 8 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Myra Taylor</p> <p>Mailing Address of Donor PO Box 217</p> <p>City State Zip Gunter TX 75058</p>	<p>Date of Receipt M O Y 1 0 2 7 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor Myra Dianne Taylor</p> <p>Mailing Address of Donor PO Box 217</p> <p>City State Zip Gunter TX 75058</p>	<p>Date of Receipt M O Y 0 9 2 2 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2 0 0 0 0 0</p>
<p>TOTAL This Period (last page has line number only) ▶ (carry total from last page to Line 9)</p>	<p>6 2 3 7 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Howard L. Terry</p> <p>Mailing Address of Donor 3104 Edloe St, Ste 300</p> <p>City State Zip Houston TX 77027</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 5000000</p>
<p>B. 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 10 29 2004</p> <p>Amount 1000000</p>
<p>C. Full Name of Donor Scott Workman</p> <p>Mailing Address of Donor 1040 E. Herndon Ave. #201</p> <p>City State Zip Fresno CA 93720</p>	<p>Date of Receipt 10 29 2004</p> <p>Amount 2500000</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>5350000</p> <p>67725000</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services (In-kind)	Date of Disbursement or Obligation 1 0 / 2 9 / 2 0 0 4
Mailing Address of Payee 600 Fairmount Avenue, Suite 306	Amount 6,731.00
City: TOWSON State: MD Zip Code: 21286	Communication Date 1 0 / 2 9 / 2 0 0 4
Name of Employer: _____ Occupation: _____	

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

Media Commission

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

B. Full Name (Last, First, Middle Initial) of Payee WDIO-TV (In-kind)	Date of Disbursement or Obligation 1 0 / 2 9 / 2 0 0 4
Mailing Address of Payee 10 Observation Road	Amount 6,863.75
City: Duluth State: MN Zip Code: 55811	Communication Date 1 0 / 2 9 / 2 0 0 4
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	State: _____	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
John F. Kerry	<input checked="" type="checkbox"/> President	<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursements/Obligations This Page (optional)	7,417.37
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)	7,417.37

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KARE-TV (In-kind)	Date of Disbursement or Obligation 1 0 2 9 2 0 0 4
Mailing Address of Payee 8811 Olson Memorial Highway	Amount 2 5 0 9 5 0 0 0
City: Minneapolis State: MN Zip Code: 55427	Communication Date 1 0 2 9 2 0 0 4
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	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 KTTC-TV (In-kind)	Date of Disbursement or Obligation 1 0 2 9 2 0 0 4
Mailing Address of Payee 6301 Bandel Road NW	Amount 5 0 8 2 1 5 0
City: Rochester State: MN Zip Code: 55901	Communication Date 1 0 2 9 2 0 0 4
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	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)	3 1 1 7 7 1 5 0
TOTAL This Period (last page this line number only)	3 8 5 9 4 5 2 7
(carry total from last page to Line 10)	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KAAL-TV (In-kind)				Date of Disbursement or Obligation 1 0 2 5 2 0 0 4			
Making Address of Payee 1701 10th Place NE				Amount 1 7 0 0 0 0 0			
City Austin	State MN	Zip Code 55912		Communication Date 1 0 2 5 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"/> District	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 KIMT-TV (In-kind)				Date of Disbursement or Obligation 1 0 2 5 2 0 0 4			
Making Address of Payee 112 N. Pennsylvania Avenue				Amount 3 0 0 0 5 0			
City Mason City	State IA	Zip Code 50401		Communication Date 1 0 2 5 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"/> District	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)				2 0 0 0 0 5 0			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				4 0 5 9 4 5 7 7			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WFTC-TV (In-kind)				Date of Disbursement or Obligation 1 0 2 9 2 0 0 4			
Mailing Address of Payee 1701 Broadway Street				Amount 1 0 1 1 5 0 0			
City Minneapolis	State MN	Zip Code 55413		Communication Date 1 0 2 9 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 KMSP-TV (In-kind)				Date of Disbursement or Obligation 1 0 2 9 2 0 0 4			
Mailing Address of Payee 1701 Broadway Street				Amount 4 1 5 5 5 0 0			
City Minneapolis	State MN	Zip Code 55413		Communication Date 1 0 2 9 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 (spelled)						5 1 5 8 0 0 0	
TOTAL This Period (last page this line number only) (carry over from last page to Line 70)						4 5 7 6 2 5 7 7	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WCCO-TV (In-kind)				Date of Disbursement or Obligation 1 0 2 9 2 0 0 4	
Mailing Address of Payee 90 South 11th Street				Amount 3 3 2 5 2 0 0	
City Minneapolis	State MN	Zip Code 55403		Communication Date 1 0 2 9 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				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(s) of communication(s))					
Name of Federal Candidate John F. Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
SUBTOTAL of Disbursements/Obligations This Page (optional)				3 3 2 5 2 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				4 9 0 8 7 7 7	

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>F 2d. Eya</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
(5/2004)	