TO: FEC - FAX 202-219-0174

FROM: AMERICANS FOR LIFE
N21 W23350 RIDGEVIEW PKY
WAUKESHA, WI 53188

SUBJECT: FEC FORM 9

10/14/04

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: AMERICANS FOR LIFE

(b) Address (number and street) ☐ check if different than previously reported: N21 W23350 RIDGEVIEW PKY

(c) City, State and ZIP Code: WAUKESHA, WI 53188

(d) Name of Employer or Principal Place of Business: MEGA CONST

(e) Occupation: Samiaddus CEO

2. FEC Identification Number: C

3. Is This Statement: ☒ New or ☐ Amended

4. Covering Period: 09 24 2004 through 10 14 2004

5. (a) Date of Public Distribution(s): 10 13 2004 (b) Communication Title: WISN RADIO

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: NORMAN YERKE

(b) Address (number and street): N21 W23350 RIDGEVIEW PKY

(c) City, State and ZIP Code: WAUKESHA WI 53188

(d) Name of Employer or Principal Place of Business: MEGA CONST

(e) Occupation: Samiaddus CEO

9. Total Donations This Statement: 40,000.00

10. Total Disbursements/Obligations This Statement: 70,500.00

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: NORMAN J. YERKE

SIGNATURE: [signature] DATE: 10/14/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g

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FEC FORM 9 (REV. 02/2003)

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

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name
NORMAN YERKE

(b) Address (number and street)
N21 W23350 RIDGEVIEW PKY

(c) City, State and ZIP Code
WAUKESHA WI 53188

(d) Name of Employer or Principal Place of Business
MEGA CONST

(e) Occupation
CEO

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

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

PAGE OF

A. Full Name of Donor: PAUL SMYCZK Mailing Address of Donor: N9047 E. SHORE RD City: EAST TROY State: WI Zip: 53120	Date of Receipt: 10 01 2004 Amount: 10,000.00	
B. Full Name of Donor: DAN & EILEEN MEEHAN Mailing Address of Donor: 1473 E. GOODRICH LN City: FOX POINT State: WI Zip: 53217	Date of Receipt: 10 12 2004 Amount: 20,000.00	
C. Full Name of Donor: VIM POULSEN Mailing Address of Donor: 333 LAKE AVE UNIT 306 City: RACINE State: WI Zip: 53403	Date of Receipt: 10 14 2004 Amount: 10,000.00	
D. Full Name of Donor: Mailing Address of Donor: City: State: Zip:	Date of Receipt: Amount:	
E. Full Name of Donor: Mailing Address of Donor: City: State: Zip:	Date of Receipt: Amount:	

SUBTOTAL of Donations This Page (optional) ▶ 40,000.00

TOTAL This Period (last page this line number only) ▶ 40,000.00
(carry total from last page to Line 9)

PREPARED FOR

FEC FORM 9 (REV. 03/2003)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee: WISN RADIO

Mailing Address of Payee: 12100 W. HOWARD AVE

City: GREENFIELD State: WI Zip Code: 53228

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 07 / 2004

Amount: 7000.00

Communication Date: 10 / 11 / 2004

Purpose of Disbursement (including title(s) of communication(s)): RADIO AD

Name of Federal Candidate: KERRY — Office Sought: [ ] House [ ] Senate [X] President — State: ____ District: ____ — Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate: FEINGOLD — Office Sought: [ ] House [X] Senate [ ] President — State: ____ District: ____ — Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate: — Office Sought: [ ] House [ ] Senate [ ] President — State: ____ District: ____ — Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee: WISN RADIO

Mailing Address of Payee: 12100 W. HOWARD AVE

City: GREENFIELD State: WI Zip Code: 53228

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 03 / 2004

Amount: 4500.00

Communication Date: 10 / 18 / 2004

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

Name of Federal Candidate: — Office Sought: [ ] House [ ] Senate [ ] President — State: ____ District: ____ — Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: — Office Sought: [ ] House [ ] Senate [ ] President — State: ____ District: ____ — Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: — Office Sought: [ ] House [ ] Senate [ ] President — State: ____ District: ____ — Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 20,500.00

TOTAL This Period (last page this line number only) ▶ 20,500.00
(carry total from last page to Line 10)

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FEC FORM 9 (08/2002)

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.

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☐ No Postmark	
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N/A PREPARER	N/A DATE PREPARED

(5/2004)