

ASW  
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# 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 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

2. FEC Identification Number

C

3. Is This Statement  New or  Amended

4. Covering Period

1 0 2 8 2 0 0 4

through

1 0 2 8 2 0 0 4

5. (a) Date of Public Distribution(s)

1 0 2 8 2 0 0 4

(b) Communication Title

Banner

6. Is the Filer a Qualified Nonprofit Corporation under 14 CFR §14.107

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

6 7 7 2 5 0 0 0

10. Total Disbursements/Obligations This Statement

7 0 1 2 5 1

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 this form to the Commission or its field offices may subject the person signing this statement to the penalties of 2 U.S.C. §437g

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

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**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(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>B.</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	
<b>C.</b>	(a) Name Alvin A. Horne	(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	
<b>D.</b>	(a) Name Weymouth D. Syrimos	(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>E.</b>	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> <b>Richard Bennett</b></p> <p>Mailing Address of Donor <b>1009 Kakagi Ct</b></p> <p>City State Zip <b>Lexington KY 40515</b></p>	<p>Date of Receipt 1 0 2 9 2 6 0 4</p> <p>Amount 2 5 0 0 0</p>
<p><b>B. Full Name of Donor</b> <b>John Bettendorf</b></p> <p>Mailing Address of Donor <b>9399 SE Delafield St</b></p> <p>City State Zip <b>Hobe Sound FL 33455</b></p>	<p>Date of Receipt 1 0 2 7 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> <b>John Bettendorf</b></p> <p>Mailing Address of Donor <b>9399 SE Delafield Street</b></p> <p>City State Zip <b>Hobe Sound FL 33455</b></p>	<p>Date of Receipt 0 8 1 9 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p><b>D. Full Name of Donor</b> <b>John Bettendorf</b></p> <p>Mailing Address of Donor <b>9399 SE Delafield Street</b></p> <p>City State Zip <b>Hobe Sound FL 33455</b></p>	<p>Date of Receipt 0 8 2 0 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p><b>E. Full Name of Donor</b> <b>Douglas A. Bevis</b></p> <p>Mailing Address of Donor <b>530 Hillside Dr E</b></p> <p>City State Zip <b>Seattle WA 98112</b></p>	<p>Date of Receipt 1 0 2 7 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ..... ▶ 2 2 5 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ..... ▶ 2 2 5 0 0 0 (carry total from last page to Line 9)</p>	

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Joseph Corda</p> <p><b>Mailing Address of Donor</b> 1310 E Treasure Cove Dr</p> <p>City State Zip Gilbert AZ 85234</p>	<p><b>Date of Receipt</b> 10 27 2004</p> <p><b>Amount</b> 500.00</p>
<p><b>B. Full Name of Donor</b> Joseph Corda</p> <p><b>Mailing Address of Donor</b> 1310 E. Treasure Cone Rd.</p> <p>City State Zip Gilbert AZ 85234</p>	<p><b>Date of Receipt</b> 09 17 2004</p> <p><b>Amount</b> 500.00</p>
<p><b>C. Full Name of Donor</b> Leon Davis</p> <p><b>Mailing Address of Donor</b> 502 Thamer Ln</p> <p>City State Zip Houston TX 77024</p>	<p><b>Date of Receipt</b> 10 27 2004</p> <p><b>Amount</b> 500.00</p>
<p><b>D. Full Name of Donor</b> robert d dingeman</p> <p><b>Mailing Address of Donor</b> 664 aspen hts drive</p> <p>City State Zip fairbanks AK 99712</p>	<p><b>Date of Receipt</b> 10 28 2004</p> <p><b>Amount</b> 1000.00</p>
<p><b>E. Full Name of Donor</b> denis engel</p> <p><b>Mailing Address of Donor</b> 6321 e calle bruvira</p> <p>City State Zip paradise valley AZ 85253</p>	<p><b>Date of Receipt</b> 10 28 2004</p> <p><b>Amount</b> 1000.00</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> 1700.00</p>	
<p><b>TOTAL This Period (last page this line number only)</b> 3950.00                      (carry total from last page to Line 9)</p>	

**SCHEDULE 9-A**  
**Donation(s) Received**

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

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A.</b> Full Name of Donor <b>paul gordon</b></p> <p>Mailing Address of Donor <b>9001 fernwood rd</b></p> <p>City State Zip <b>bethesda MD 20817</b></p>	<p>Date of Receipt 1 0 2 9 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p><b>B.</b> Full Name of Donor <b>Hale Harrison</b></p> <p>Mailing Address of Donor <b>PO Box 1112</b></p> <p>City State Zip <b>Ocean City MD 21843</b></p>	<p>Date of Receipt 1 0 2 9 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>C.</b> Full Name of Donor <b>mark hillestad</b></p> <p>Mailing Address of Donor <b>220 hatch rd</b></p> <p>City State Zip <b>wadsworth OH 44281</b></p>	<p>Date of Receipt 1 0 2 9 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p><b>D.</b> Full Name of Donor <b>mark hillestad</b></p> <p>Mailing Address of Donor <b>220 hatch rd</b></p> <p>City State Zip <b>wadsworth OH 44281</b></p>	<p>Date of Receipt 1 0 2 9 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p><b>E.</b> Full Name of Donor <b>mark hillestad</b></p> <p>Mailing Address of Donor <b>220 hatch road</b></p> <p>City State Zip <b>wadsworth OH 44281</b></p>	<p>Date of Receipt 1 0 2 9 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>1 7 0 0 0 0</p>
<p>TOTAL This Period (last page 9's line number only) .....</p> <p>(carry total from last page to Line 9)</p>	<p>1 4 5 0 0 0 0</p>

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> mark hillestad</p> <p><b>Mailing Address of Donor</b> 220 hatch rd</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> wadsworth                      OH                      44281</p>	<p><b>Date of Receipt</b> M O Y 0 9    0 9    2 0 0 4</p> <p><b>Amount</b> 2 5 0 0 0</p>
<p><b>B. Full Name of Donor</b> mark hillestad</p> <p><b>Mailing Address of Donor</b> 220 hatch rd</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> wadsworth                      OH                      44281</p>	<p><b>Date of Receipt</b> M O Y 1 0    1 4    2 0 0 4</p> <p><b>Amount</b> 2 5 0 0 0</p>
<p><b>C. Full Name of Donor</b> mark hillestad</p> <p><b>Mailing Address of Donor</b> 220 hatch rd</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> wadsworth                      OH                      44281</p>	<p><b>Date of Receipt</b> M O Y 1 0    1 2    2 0 0 4</p> <p><b>Amount</b> 2 5 0 0 0</p>
<p><b>D. Full Name of Donor</b> Leonard S. Holman, Jr.</p> <p><b>Mailing Address of Donor</b> 5241 Winged Foot Drive</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Youngstown                      OH                      44512</p>	<p><b>Date of Receipt</b> M O Y 1 0    2 9    2 0 0 4</p> <p><b>Amount</b> 1 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> George Kettle</p> <p><b>Mailing Address of Donor</b> 1430 Spring Hill Road Suite 100</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> McLean                      VA                      22102</p>	<p><b>Date of Receipt</b> M O Y 1 0    2 8    2 0 0 4</p> <p><b>Amount</b> 1 0 0 0 0 0</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ..... ▶                      2,750.00</p>	
<p><b>TOTAL This Period (last page this line number only)</b> ..... ▶                      17,250.00 (carry total from last page to Line 9)</p>	

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A.</b> Full Name of Donor  <b>Leon Lang</b></p> <p>Mailing Address of Donor  <b>26417 N Fernbush Dr</b></p> <p>City State Zip  <b>Glendale AZ 85310</b></p>	<p>Date of Receipt                  10 27 2004</p> <p>Amount                  25000</p>
<p><b>B.</b> Full Name of Donor  <b>Seymour N. Lotsoff</b></p> <p>Mailing Address of Donor  <b>439 E North Water St</b></p> <p>City State Zip  <b>Chicago IL 60611</b></p>	<p>Date of Receipt                  10 27 2004</p> <p>Amount                  100000</p>
<p><b>C.</b> Full Name of Donor  <b>Thomas McGuire</b></p> <p>Mailing Address of Donor  <b>PO Box 328</b></p> <p>City State Zip  <b>Bonnars Ferry ID 83805</b></p>	<p>Date of Receipt                  10 27 2004</p> <p>Amount                  50000</p>
<p><b>D.</b> Full Name of Donor  <b>Thomas McGuire</b></p> <p>Mailing Address of Donor  <b>PO Box 328</b></p> <p>City State Zip  <b>Bonnars Ferry ID 83805</b></p>	<p>Date of Receipt                  08 17 2004</p> <p>Amount                  50000</p>
<p><b>E.</b> Full Name of Donor  <b>frank michel</b></p> <p>Mailing Address of Donor  <b>123 davis rd</b></p> <p>City State Zip  <b>malvern PA 19355</b></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 (last page this line number only) ▶                  (carry total from last page to Line 9)</p>	<p>2000000</p>



## SCHEDULE 9-A

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## Donation(s) Received

<b>A. Full Name of Donor</b> <b>Frank Mitchell</b>			<b>Date of Receipt:</b> M M Y Y 1 0 2 7 2 0 0 4	
<b>Mailing Address of Donor</b> <b>8791 Fairway Gardens Dr</b>			<b>Amount</b> 1 0 0 0 0 0	
<b>City</b> <b>Cordova</b>	<b>State</b> <b>TN</b>	<b>Zip</b> <b>38016</b>		
<b>B. Full Name of Donor</b> <b>John Mumford</b>			<b>Date of Receipt:</b> M M Y Y 1 0 2 7 2 0 0 4	
<b>Mailing Address of Donor</b> <b>2925 Woodside Rd</b>			<b>Amount</b> 9 7 5 0 0 0 0	
<b>City</b> <b>Woodside</b>	<b>State</b> <b>CA</b>	<b>Zip</b> <b>94062</b>		
<b>C. Full Name of Donor</b> <b>Boone Pickens (In-kind)</b>			<b>Date of Receipt:</b> M M Y Y 1 0 2 9 2 0 0 4	
<b>Mailing Address of Donor</b> <b>8117 Preston Road, Suite 260</b>			<b>Amount</b> 5 0 0 0 0 0 0	
<b>City</b> <b>Dallas</b>	<b>State</b> <b>TX</b>	<b>Zip</b> <b>75225</b>		
<b>D. Full Name of Donor</b> <b>Richard Portis</b>			<b>Date of Receipt:</b> M M Y Y 1 0 2 7 2 0 0 4	
<b>Mailing Address of Donor</b> <b>545 N. Dearborn St. Apt. 3505</b>			<b>Amount</b> 2 5 0 0 0	
<b>City</b> <b>Chicago</b>	<b>State</b> <b>IL</b>	<b>Zip</b> <b>60610</b>		
<b>E. Full Name of Donor</b> <b>Richard Portis</b>			<b>Date of Receipt:</b> M M Y Y 0 8 0 4 2 0 0 4	
<b>Mailing Address of Donor</b> <b>545 N. Dearborn St. Apt. 3505</b>			<b>Amount</b> 5 0 0 0 0	
<b>City</b> <b>Chicago</b>	<b>State</b> <b>IL</b>	<b>Zip</b> <b>60610</b>		
<b>SUBTOTAL of Donations This Page (optional)</b>			<b>5 9 9 2 5 0 0 0</b>	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 9)			<b>6 1 9 2 5 0 0 0</b>	

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> <b>Richard Portis</b></p> <p>Mailing Address of Donor <b>545 N. Dearborn St. Apt. 3505</b></p> <p>City State Zip <b>Chicago IL 80610</b></p>	<p>Date of Receipt M M Y Y 0 8 1 2 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>	
<p><b>B. Full Name of Donor</b> <b>Edward Quinn III</b></p> <p>Mailing Address of Donor <b>7 Quail Ridge Road</b></p> <p>City State Zip <b>Milford DE 19963</b></p>	<p>Date of Receipt M M Y Y 1 0 2 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>	
<p><b>C. Full Name of Donor</b> <b>Thomas P. Sartwelle</b></p> <p>Mailing Address of Donor <b>1300 Post Oak Blvd, Ste 2500</b></p> <p>City State Zip <b>Houston TX 77056</b></p>	<p>Date of Receipt M M Y Y 1 0 2 7 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>	
<p><b>D. Full Name of Donor</b> <b>Paul Seagers</b></p> <p>Mailing Address of Donor <b>8222 Douglas Ave, Ste 790</b></p> <p>City State Zip <b>Dallas TX 75225</b></p>	<p>Date of Receipt M M Y Y 1 0 2 7 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>	
<p><b>E. Full Name of Donor</b> <b>Paul R. Seagers</b></p> <p>Mailing Address of Donor <b>8222 Douglas Ave. Ste. 790</b></p> <p>City State Zip <b>Dallas TX 75225</b></p>	<p>Date of Receipt M M Y Y 0 9 1 7 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>	
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p>		<p>2 5 0 0 0 0</p>
<p><b>TOTAL This Period (last page this line number only)</b> ▶ (carry total from last page to Line 9)</p>		<p>6 2 1 7 5 0 0 0</p>

**SCHEDULE 9-A**  
**Donation(s) Received**

<b>A. Full Name of Donor</b> William Slaughter			<b>Date of Receipt</b> 10 28 2004	
Mailing Address of Donor 2942 Cherokee Road			Amount 250000	
City	State	Zip		
Birmingham	AL	35223		
<b>B. Full Name of Donor</b> William Slaughter			<b>Date of Receipt</b> 00 02 2004	
Mailing Address of Donor 2942 Cherokee Road			Amount 250000	
City	State	Zip		
Birmingham	AL	35223		
<b>C. Full Name of Donor</b> William Slaughter			<b>Date of Receipt</b> 09 21 2004	
Mailing Address of Donor 2942 Cherokee Road			Amount 500000	
City	State	Zip		
Birmingham	AL	35223		
<b>D. Full Name of Donor</b> Myra Taylor			<b>Date of Receipt</b> 10 27 2004	
Mailing Address of Donor PO Box 217			Amount 500000	
City	State	Zip		
Gunter	TX	75058		
<b>E. Full Name of Donor</b> Myra Dianne Taylor			<b>Date of Receipt</b> 02 22 2004	
Mailing Address of Donor PO Box 217			Amount 500000	
City	State	Zip		
Gunter	TX	75058		
SUBTOTAL of Donations This Page (optional) .....			2000000	
TOTAL This Period (last page life line number only) ..... (carry total from last page to Line 9)			62375000	

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> <b>Howard L. Terry</b></p> <p><b>Mailing Address of Donor</b> <b>3104 Edloe St, Ste 300</b></p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> <b>Houston</b>                      <b>TX</b>                      <b>77027</b></p>	<p><b>Date of Receipt</b> 1 0 2 7 2 0 0 4</p> <p><b>Amount</b> 5 0 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> <b>Robert Woodings</b></p> <p><b>Mailing Address of Donor</b> <b>6 Meadowood Drive</b></p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> <b>Pittsburgh</b>                      <b>PA</b>                      <b>15215</b></p>	<p><b>Date of Receipt</b> 1 0 2 8 2 0 0 4</p> <p><b>Amount</b> 1 0 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> <b>Scott Workman</b></p> <p><b>Mailing Address of Donor</b> <b>1040 E. Herndon Ave. #201</b></p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> <b>Fresno</b>                      <b>CA</b>                      <b>93720</b></p>	<p><b>Date of Receipt</b> 1 0 2 9 2 0 0 4</p> <p><b>Amount</b> 2 5 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b></p> <p><b>Mailing Address of Donor</b></p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b></p>	<p><b>Date of Receipt</b></p> <p><b>Amount</b></p>
<p><b>E. Full Name of Donor</b></p> <p><b>Mailing Address of Donor</b></p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b></p>	<p><b>Date of Receipt</b></p> <p><b>Amount</b></p>

<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	<p>5 3 5 0 0 0 0</p>
<p><b>TOTAL This Period (Just page (Use the number only))</b> .....</p> <p>(carry total from last page to line 9)</p>	<p>6 7 7 2 5 0 0 0</p>

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Mentzer Media Services (In-kind)</b>				<b>Date of Disbursement or Obligation</b> 1 0 2 9 2 0 0 4			
<b>Mailing Address of Payee</b> <b>600 Fairmount Avenue, Suite 306</b>				<b>Amount</b> 6 3 7 5			
<b>City</b> Towson		<b>State</b> MD		<b>Zip Code</b> 21286		<b>Communication Date</b> 1 0 2 9 2 0 0 4	
<b>Name of Employer</b> Occupation:							
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <b>Media Commission</b>							
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<b>State:</b> District:		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>State:</b>		<b>Disbursement/Obligation For:</b>	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>State:</b>		<b>Disbursement/Obligation For:</b>	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>HUMAN EVENTS (In-kind)</b>				<b>Date of Disbursement or Obligation</b> 1 0 2 9 2 0 0 4			
<b>Mailing Address of Payee</b> <b>One Massachusetts Avenue NW</b>				<b>Amount</b> 6 3 7 5 0			
<b>City</b> Washington		<b>State</b> DC		<b>Zip Code</b> 20001		<b>Communication Date</b> 1 0 2 9 2 0 0 4	
<b>Name of Employer</b> Occupation:							
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <b>Media Buy</b>							
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<b>State:</b> District:		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>State:</b>		<b>Disbursement/Obligation For:</b>	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>State:</b>		<b>Disbursement/Obligation For:</b>	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				7 0 1 2 5			
<b>TOTAL This Period (last page the line number only)</b> (copy total from last page to Line 10)				7 0 1 2 5			

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 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>F2A &amp; EP</i>	Shipping Date <i>11-17-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMD</i> PREPARER	<i>11-18-04</i> DATE PREPARED

(5/2004)