

SEP 17 2 17

# 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 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

0 9 1 0 2 0 0 4  
through  
0 9 1 6 2 0 0 4

5. (a) Date of Public Distribution(s) 0 9 1 7 2 0 0 4 (b) Communication Title Deared and Confused

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

Retired

9. Total Donations This Statement 37,943.500.0

10. Total Disbursements/Obligations This Statement 32,621.000.0

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 9/17/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5637g.

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.)	
(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>B.</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
<b>C.</b> (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
<b>D.</b> (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
<b>E.</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

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

<p><b>A. Full Name of Donor</b>  <b>Kent Adams</b></p> <p>Mailing Address of Donor  <b>P.O. Box 12523</b></p> <p>City State Zip  <b>Beaumont TX 77726</b></p>	<p>Date of Receipt                  M M D D Y Y Y Y                  0 8 1 4 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b>  <b>Thomas Begel</b></p> <p>Mailing Address of Donor  <b>20 West Burton Place</b></p> <p>City State Zip  <b>Chicago IL 60610</b></p>	<p>Date of Receipt                  M M D D Y Y Y Y                  0 8 1 3 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b>  <b>Frank Bellows</b></p> <p>Mailing Address of Donor  <b>3405 Meadow Lake Lane</b></p> <p>City State Zip  <b>Houston TX 77027</b></p>	<p>Date of Receipt                  M M D D Y Y Y Y                  0 8 1 4 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b>  <b>MICHAEL A. BLOOME</b></p> <p>Mailing Address of Donor  <b>2121 KIRBY DRIVE #23</b></p> <p>City State Zip  <b>HOUSTON TX 77019</b></p>	<p>Date of Receipt                  M M D D Y Y Y Y                  0 8 1 1 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b>  <b>Thomas Bohannens</b></p> <p>Mailing Address of Donor  <b>205 Oak Road</b></p> <p>City State Zip  <b>Cissna Park IL 60924</b></p>	<p>Date of Receipt                  M M D D Y Y Y Y                  0 8 1 4 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p> <p>(carry total from last page to Line 9)</p>	<p>5 0 0 0 0 0</p> <p>5 0 0 0 0 0</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<b>A. Full Name of Donor</b> <b>Sandra L. Borden</b>			<b>Date of Receipt</b> 08 15 2004	
Mailing Address of Donor <b>P.O. Box 6</b>			Amount <b>1 500 00</b>	
City <b>Gibbon</b>	State <b>NE</b>	Zip <b>68840</b>		
<b>B. Full Name of Donor</b> <b>Sam C. Bradshaw</b>			<b>Date of Receipt</b> 08 15 2004	
Mailing Address of Donor <b>5944 Luther Lane, Suite 601</b>			Amount <b>1 000 00</b>	
City <b>Dallas</b>	State <b>TX</b>	Zip <b>75225</b>		
<b>C. Full Name of Donor</b> <b>JOHN BRENNAN</b>			<b>Date of Receipt</b> 08 07 2004	
Mailing Address of Donor <b>320 LAUREL ROAD</b>			Amount <b>1 000 00</b>	
City <b>PEARL RIVER</b>	State <b>NY</b>	Zip <b>10965</b>		
<b>D. Full Name of Donor</b> <b>John A Brennan</b>			<b>Date of Receipt</b> 08 15 2004	
Mailing Address of Donor <b>320 Laurel Road</b>			Amount <b>1 000 00</b>	
City <b>PEARL RIVER</b>	State <b>NY</b>	Zip <b>10965</b>		
<b>E. Full Name of Donor</b> <b>Joseph F. Brittain</b>			<b>Date of Receipt</b> 08 11 2004	
Mailing Address of Donor <b>2567 S. Forrest Heights Ave</b>			Amount <b>5 000 00</b>	
City <b>Springfield</b>	State <b>MO</b>	Zip <b>65809</b>		
<b>SUBTOTAL of Donations This Page (optional)</b>			<b>4 100 00</b>	
<b>TOTAL This Period (last page this form number only)</b> (carry total from last page to Line 9)			<b>9 100 00</b>	

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

<p><b>A. Full Name of Donor</b> <b>Joseph F. Britain</b></p> <p>Mailing Address of Donor <b>2567 S. Forrest Heights Ave</b></p> <p>City State Zip <b>Springfield MO 65809</b></p>	<p>Date of Receipt M N D Y Y Y 0 8 1 0 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> <b>Paul E. Bryant</b></p> <p>Mailing Address of Donor <b>P.O. Box 908</b></p> <p>City State Zip <b>Coshocton OH 43812</b></p>	<p>Date of Receipt M N D Y Y Y 0 8 1 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> <b>Charles Coupe</b></p> <p>Mailing Address of Donor <b>1715 Ihiloa Place</b></p> <p>City State Zip <b>Honolulu HI 96821</b></p>	<p>Date of Receipt M N D Y Y Y 0 8 1 0 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> <b>Charles Coupe</b></p> <p>Mailing Address of Donor <b>1715 Ihiloa Place</b></p> <p>City State Zip <b>Honolulu HI 96821</b></p>	<p>Date of Receipt M N D Y Y Y 0 8 2 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> <b>Linda Crocker</b></p> <p>Mailing Address of Donor <b>5682 Elmgee Drive</b></p> <p>City State Zip <b>Delaware OH 43015</b></p>	<p>Date of Receipt M N D Y Y Y 0 8 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>3 5 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 8)</p>	<p>1 2 8 0 0 0 0</p>

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

<p><b>A. Full Name of Donor</b> Tom Crook</p> <p>Mailing Address of Donor 2203 Riverview Drive</p> <p>City State Zip Murfreesboro TN 37129</p>	<p>Date of Receipt M O N T H D A Y Y E A R 0 8 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> Tom Crook</p> <p>Mailing Address of Donor 2203 Riverview Drive</p> <p>City State Zip Murfreesboro TN 37129</p>	<p>Date of Receipt M O N T H D A Y Y E A R 0 8 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> David Dave</p> <p>Mailing Address of Donor 9261 State Hwy. 46</p> <p>City State Zip Pipe Creek TX 78063</p>	<p>Date of Receipt M O N T H D A Y Y E A R 0 9 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> 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 D A Y Y E A R 0 9 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> Richard DeLoach</p> <p>Mailing Address of Donor 3533 Chesapeake Avenue</p> <p>City State Zip Hampton VA 23661</p>	<p>Date of Receipt M O N T H D A Y Y E A R 0 9 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p>3 6 0 0 0 0</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p> <p>[carry total from last page to Line 9]</p>	<p>1 6 2 0 0 0 0</p>

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

<p><b>A. Full Name of Donor</b> <b>Richard DeLoach</b></p> <p>Mailing Address of Donor <b>3533 Chesapeake Avenue</b></p> <p>City State Zip <b>Hampton VA 23661</b></p>	<p>Date of Receipt 08 14 2004</p> <p>Amount 5 000 00</p>
<p><b>B. Full Name of Donor</b> <b>Stan Donnelly</b></p> <p>Mailing Address of Donor <b>5 Heather Place</b></p> <p>City State Zip <b>St. Paul MN 55102</b></p>	<p>Date of Receipt 08 15 2004</p> <p>Amount 1 000 00</p>
<p><b>C. Full Name of Donor</b> <b>Mark Dougherty</b></p> <p>Mailing Address of Donor <b>1590 Lakewood Ct.</b></p> <p>City State Zip <b>Lexington KY 40502</b></p>	<p>Date of Receipt 08 13 2004</p> <p>Amount 1 000 00</p>
<p><b>D. Full Name of Donor</b> <b>Katherine Emst</b></p> <p>Mailing Address of Donor <b>4500 Viejo</b></p> <p>City State Zip <b>Carmel CA 93923</b></p>	<p>Date of Receipt 08 14 2004</p> <p>Amount 5 000 00</p>
<p><b>E. Full Name of Donor</b> <b>Katherine Emst</b></p> <p>Mailing Address of Donor <b>4500 Viejo</b></p> <p>City State Zip <b>Carmel CA 93923</b></p>	<p>Date of Receipt 08 26 2004</p> <p>Amount 5 000 00</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b></p>	<p>3 500 00</p>
<p><b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 9)</p>	<p>1 970 00</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b>  <b>E. 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                  08 15 2004</p> <p>Amount                  7 500 00</p>
<p><b>B. Full Name of Donor</b>  <b>Jerome S. Fletcher</b></p> <p>Mailing Address of Donor  <b>141 Harbourmaster Court</b></p> <p>City State Zip  <b>Ponte Verda Beach FL 32082</b></p>	<p>Date of Receipt                  09 14 2004</p> <p>Amount                  1 000 00</p>
<p><b>C. Full Name of Donor</b>  <b>Brian Follett</b></p> <p>Mailing Address of Donor  <b>5600 Craggy Point</b></p> <p>City State Zip  <b>Austin TX 78731</b></p>	<p>Date of Receipt                  08 10 2004</p> <p>Amount                  2 500 00</p>
<p><b>D. Full Name of Donor</b>  <b>John C. Fortenberry</b></p> <p>Mailing Address of Donor  <b>PO Box 2767</b></p> <p>City State Zip  <b>Columbus GA 31902</b></p>	<p>Date of Receipt                  09 10 2004</p> <p>Amount                  1 000 00</p>
<p><b>E. Full Name of Donor</b>  <b>Richard Gable</b></p> <p>Mailing Address of Donor  <b>4515 Willard Ave., Apt. 2318</b></p> <p>City State Zip  <b>Chevy Chase MD 20815</b></p>	<p>Date of Receipt                  09 14 2004</p> <p>Amount                  5 000 00</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	<p>1 250 00</p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry over from last page to Line 9)</p>	<p>3 220 00</p>



**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Richard J. Gable</p> <p>Mailing Address of Donor 4515 Willard Ave S2318</p> <p>City State Zip Chevy Chase MD 20815</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 25000</p>
<p><b>B. Full Name of Donor</b> Richard J. Gable</p> <p>Mailing Address of Donor 4515 Willard Ave S2318</p> <p>City State Zip Chevy Chase MD 20815</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 50000</p>
<p><b>C. Full Name of Donor</b> Philip Gardner</p> <p>Mailing Address of Donor 831 Fox Run Road #11</p> <p>City State Zip Findlay OH 45840</p>	<p>Date of Receipt 08 10 2004</p> <p>Amount 250000</p>
<p><b>D. Full Name of Donor</b> W.A. Griffin</p> <p>Mailing Address of Donor 3207 Groveland Lane</p> <p>City State Zip Houston TX 77019</p>	<p>Date of Receipt 08 15 2004</p> <p>Amount 100000</p>
<p><b>E. Full Name of Donor</b> Joseph Grossman</p> <p>Mailing Address of Donor 3008 Rush Mendon Road</p> <p>City State Zip Honeoye Falls NY 14472</p>	<p>Date of Receipt 09 15 2004</p> <p>Amount 100000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p>	<p>525000</p>
<p><b>TOTAL This Period (last page into line number only)</b> ▶ (carry total from last page to Line B)</p>	<p>3745000</p>

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

<p><b>A. Full Name of Donor</b> <b>Thomas Gumprecht</b></p> <p>Mailing Address of Donor <b>7445 SE 71st</b></p> <p>City State Zip <b>Mercer Island WA 98040</b></p>	<p>Date of Receipt M O N T H Y E A R 0 9 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> <b>Richard Harris</b></p> <p>Mailing Address of Donor <b>128 Monet Dr</b></p> <p>City State Zip <b>Blowing Rock NC 28605</b></p>	<p>Date of Receipt M O N T H Y E A R 0 9 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> <b>Richard Harris</b></p> <p>Mailing Address of Donor <b>126 Monet Dr</b></p> <p>City State Zip <b>Blowing Rock NC 28605</b></p>	<p>Date of Receipt M O N T H Y E A R 0 9 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> <b>Richard Harris</b></p> <p>Mailing Address of Donor <b>128 Monet Dr</b></p> <p>City State Zip <b>Blowing Rock NC 28605</b></p>	<p>Date of Receipt M O N T H Y E A R 0 8 2 7 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> <b>Chandi Heffner</b></p> <p>Mailing Address of Donor <b>Keawewai Ranch 6773 Kohala Mtn. Rd.</b></p> <p>City State Zip <b>Kamuela HI 96743</b></p>	<p>Date of Receipt M O N T H Y E A R 0 9 1 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>3 1 0 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 0 5 5 0 0 0</p>

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

<b>A. Full Name of Donor</b> Donald Herdrich			<b>Date of Receipt</b> M M : D D : Y Y Y Y 0 9 : 1 8 : 2 0 0 4	
<b>Mailing Address of Donor</b> 71 Old Roaring Brook Road			<b>Amount</b> 1 0 0 0 . 0 0	
<b>City</b> Mount Kisco	<b>State</b> NY	<b>Zip</b> 10549		
<b>B. Full Name of Donor</b> Roy H Hinman			<b>Date of Receipt</b> M M : D D : Y Y Y Y 0 9 : 1 3 : 2 0 0 4	
<b>Mailing Address of Donor</b> 1099 A1A S.			<b>Amount</b> 1 0 0 0 . 0 0	
<b>City</b> St. Augustine	<b>State</b> FL	<b>Zip</b> 32080		
<b>C. Full Name of Donor</b> John Home			<b>Date of Receipt</b> M M : D D : Y Y Y Y 0 9 : 1 5 : 2 0 0 4	
<b>Mailing Address of Donor</b> 112 Muirfield Drive			<b>Amount</b> 2 5 0 0 . 0 0	
<b>City</b> Ponte Vedra Beach	<b>State</b> FL	<b>Zip</b> 32082		
<b>D. Full Name of Donor</b> Susan Jackson			<b>Date of Receipt</b> M M : D D : Y Y Y Y 0 9 : 1 3 : 2 0 0 4	
<b>Mailing Address of Donor</b> 13331 Buckland Hall Rd.			<b>Amount</b> 1 0 0 0 . 0 0	
<b>City</b> St. Louis	<b>State</b> MO	<b>Zip</b> 63131		
<b>E. Full Name of Donor</b> Salvador Karottki			<b>Date of Receipt</b> M M : D D : Y Y Y Y 0 9 : 1 1 : 2 0 0 4	
<b>Mailing Address of Donor</b> 512 N. McClurg Ct., #5510			<b>Amount</b> 1 0 0 0 . 0 0	
<b>City</b> Chicago	<b>State</b> IL	<b>Zip</b> 60611		
<b>SUBTOTAL of Donations This Page (optional)</b>			6 5 0 0 . 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line #)			4 7 0 5 0 0 0	

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

<p><b>A. Full Name of Donor</b> Salvador Karottki</p> <p>Mailing Address of Donor 512 N. McClurg Ct., #5510</p> <p>City State Zip Chicago IL 60611</p>	<p>Date of Receipt M O Y Y 0 8 2 7 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p><b>B. Full Name of Donor</b> Al Keller</p> <p>Mailing Address of Donor 800 Bering Drive #100</p> <p>City State Zip Houston TX 77057</p>	<p>Date of Receipt M O Y Y 0 8 1 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> John W. Kemper</p> <p>Mailing Address of Donor 705 Bow String Cove</p> <p>City State Zip Houston TX 77079</p>	<p>Date of Receipt M O Y Y 0 8 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> William King</p> <p>Mailing Address of Donor 6260 Cherokee Way</p> <p>City State Zip Suwanee GA 30024</p>	<p>Date of Receipt M O Y Y 0 8 1 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> William King</p> <p>Mailing Address of Donor 6260 Cherokee Way</p> <p>City State Zip Suwanee GA 30024</p>	<p>Date of Receipt M O Y Y 0 8 0 6 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b></p>	<p>3 2 5 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>5 0 3 0 0 0 0</p>

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

<p><b>A. Full Name of Donor</b> W.C. Kirkwood</p> <p>Mailing Address of Donor 3201 Glacier</p> <p>City State Zip Casper WY 82604</p>	<p>Date of Receipt 09 14 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> Roy Larsen</p> <p>Mailing Address of Donor 7914 Fisher Island</p> <p>City State Zip Miami FL 33109</p>	<p>Date of Receipt 08 15 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> Eric M. Lederer</p> <p>Mailing Address of Donor 120 Ponderosa Dr</p> <p>City State Zip Ridgway CO 81432</p>	<p>Date of Receipt 08 10 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> William Marshall Lee</p> <p>Mailing Address of Donor 84 Otis Rd</p> <p>City State Zip Barrington IL 60010</p>	<p>Date of Receipt 09 19 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> Darryl Leifheit</p> <p>Mailing Address of Donor 3820 Huffman Mill Pike</p> <p>City State Zip Lexington KY 40511</p>	<p>Date of Receipt 09 14 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ▶</p>	<p>1 3 2 5 0 0 0</p>
<p><b>TOTAL</b> This Period (last page this line number only) ▶ (carry label from last page to Line 9)</p>	<p>6 3 5 5 0 0 0</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> R. L. Abraham Leunissen MD</p> <p>Mailing Address of Donor 121 Bryn Mawr Avenue</p> <p>City State Zip Newtown Square PA 19073</p>	<p>Date of Receipt M M D D Y Y Y Y 0 9 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> Robert D. Linder</p> <p>Mailing Address of Donor 3955 Montgomery Road</p> <p>City State Zip Cincinnati OH 45212</p>	<p>Date of Receipt M M D D Y Y Y Y 0 9 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> Jerry Loveless</p> <p>Mailing Address of Donor 9811 West Charleston Blvd #2-422</p> <p>City State Zip Las Vegas NV 89117</p>	<p>Date of Receipt M M D D Y Y Y Y 0 9 1 4 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> Jerry Loveless</p> <p>Mailing Address of Donor 9811 West Charleston #2-422</p> <p>City State Zip Las Vegas NV 89117</p>	<p>Date of Receipt M M D D Y Y Y Y 0 9 1 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> Thomas Lundell</p> <p>Mailing Address of Donor 2700 Ranchview Lane</p> <p>City State Zip Plymouth MN 55447</p>	<p>Date of Receipt M M D D Y Y Y Y 0 9 1 4 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p>1 4 1 0 0 0 0 0</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p> <p>(carry total from last page to Line 9)</p>	<p>7 7 6 5 0 0 0 0</p>

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

<p><b>A. Full Name of Donor</b> Thomas Lundell</p> <p>Mailing Address of Donor 2700 Ranchview Lane</p> <p>City State Zip Plymouth MN 55447</p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 50000</p>
<p><b>B. Full Name of Donor</b> leonard Makens</p> <p>Mailing Address of Donor 205 Salem Church Rd.</p> <p>City State Zip Sunfish Lake MN 55118</p>	<p>Date of Receipt 09 18 2004</p> <p>Amount 100000</p>
<p><b>C. Full Name of Donor</b> leonard Makens</p> <p>Mailing Address of Donor 205 Salem Church Rd</p> <p>City State Zip Sunfish Lake MN 55118</p>	<p>Date of Receipt 09 18 2004</p> <p>Amount 100000</p>
<p><b>D. Full Name of Donor</b> leonard Makens</p> <p>Mailing Address of Donor 205 Salem Church Rd</p> <p>City State Zip Sunfish Lake MN 55118</p>	<p>Date of Receipt 09 18 2004</p> <p>Amount 100000</p>
<p><b>E. Full Name of Donor</b> J. Allen Martin</p> <p>Mailing Address of Donor 10095 Lawyers Rd</p> <p>City State Zip Vienna VA 22181</p>	<p>Date of Receipt 09 10 2004</p> <p>Amount 50000</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p>400000</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p> <p>(carry total from last page to Line 9)</p>	<p>8165000</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<b>A. Full Name of Donor</b> <b>J. Allen Martin</b>			<b>Date of Receipt</b> 09 20 2004	
<b>Mailing Address of Donor</b> <b>10095 Lawyers Road</b>			<b>Amount</b> 25000	
<b>City</b> Vienna	<b>State</b> VA	<b>Zip</b> 22181		
<b>B. Full Name of Donor</b> <b>J. Allen Martin</b>			<b>Date of Receipt</b> 08 31 2004	
<b>Mailing Address of Donor</b> <b>10095 Lawyers Rd.</b>			<b>Amount</b> 25000	
<b>City</b> Vienna	<b>State</b> VA	<b>Zip</b> 22181		
<b>C. Full Name of Donor</b> <b>Dana McManus</b>			<b>Date of Receipt</b> 09 15 2004	
<b>Mailing Address of Donor</b> <b>59 Lupin Lane</b>			<b>Amount</b> 100000	
<b>City</b> Atherton	<b>State</b> CA	<b>Zip</b> 94027		
<b>D. Full Name of Donor</b> <b>Paul McTigue</b>			<b>Date of Receipt</b> 09 15 2004	
<b>Mailing Address of Donor</b> <b>15 Gainsborough Road</b>			<b>Amount</b> 100000	
<b>City</b> Scarsdale	<b>State</b> NY	<b>Zip</b> 10583		
<b>E. Full Name of Donor</b> <b>John Metrock</b>			<b>Date of Receipt</b> 09 10 2004	
<b>Mailing Address of Donor</b> <b>PO Box 36</b>			<b>Amount</b> 100000	
<b>City</b> Montevallo	<b>State</b> AL	<b>Zip</b> 35115		
<b>SUBTOTAL of Donations This Page (optional)</b>			350000	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 9)			8515000	



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

<p><b>A. Full Name of Donor</b> Michael Miller</p> <p>Mailing Address of Donor 4402 Boxwood Rd.</p> <p>City State Zip Bethesda MD 20816</p>	<p>Date of Receipt 09 01 2004</p> <p>Amount 500.00</p>
<p><b>B. Full Name of Donor</b> Michael Miller</p> <p>Mailing Address of Donor 4402 Boxwood Rd.</p> <p>City State Zip Bethesda MD 20816</p>	<p>Date of Receipt 08 10 2004</p> <p>Amount 500.00</p>
<p><b>C. Full Name of Donor</b> John Mitchell</p> <p>Mailing Address of Donor P.O. Box 606</p> <p>City State Zip Deer Park WA 99006</p>	<p>Date of Receipt 08 14 2004</p> <p>Amount 1000.00</p>
<p><b>D. Full Name of Donor</b> Dan M. Moody, Jr.</p> <p>Mailing Address of Donor 3003 W. Alabama</p> <p>City State Zip Houston TX 77098</p>	<p>Date of Receipt 08 13 2004</p> <p>Amount 2500.00</p>
<p><b>E. Full Name of Donor</b> glenn napierskie</p> <p>Mailing Address of Donor 325 N. Market Pl.</p> <p>City State Zip Escondido CA 92029</p>	<p>Date of Receipt 08 14 2004</p> <p>Amount 2500.00</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b></p>	<p>7000.00</p>
<p><b>TOTAL This Period (last page this line marked off)</b> (carry total from last page to Line 9)</p>	<p>92150.00</p>

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

<p><b>A. Full Name of Donor</b> <b>Bill Nelson</b></p> <p>Mailing Address of Donor <b>705 Brender Lane</b></p> <p>City State Zip <b>Yorktown Heights NY 10598</b></p>	<p>Date of Receipt 09 14 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> <b>Craig Nickoloff</b></p> <p>Mailing Address of Donor <b>16721 Millikan ave.</b></p> <p>City State Zip <b>Irvine CA 92606</b></p>	<p>Date of Receipt 09 15 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> <b>Emil Noah Jr</b></p> <p>Mailing Address of Donor <b>3500 North Andrews Ave</b></p> <p>City State Zip <b>Pompano Beach FL 33064</b></p>	<p>Date of Receipt 09 14 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> <b>William F Odom Jr</b></p> <p>Mailing Address of Donor <b>229 Deerwood Drive</b></p> <p>City State Zip <b>Huddleston VA 24104</b></p>	<p>Date of Receipt 09 12 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> <b>William F Odom Jr</b></p> <p>Mailing Address of Donor <b>229 Deerwood Drive</b></p> <p>City State Zip <b>Huddleston VA 24104</b></p>	<p>Date of Receipt 09 10 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>3 5 0 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>9 5 6 5 0 0 0</p>

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

<p><b>A.</b> Full Name of Donor <b>William F Odom Jr</b></p> <p>Mailing Address of Donor <b>229 Deerwood Drive</b></p> <p>City State Zip <b>Huddleston VA 24104</b></p>	<p>Date of Receipt M M D D Y Y Y Y 0 8 1 2 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p><b>B.</b> Full Name of Donor <b>William F Odom Jr</b></p> <p>Mailing Address of Donor <b>229 Deerwood Drive</b></p> <p>City State Zip <b>Huddleston VA 24104</b></p>	<p>Date of Receipt M M D D Y Y Y Y 0 8 1 0 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p><b>C.</b> Full Name of Donor <b>William F Odom Jr</b></p> <p>Mailing Address of Donor <b>229 Deerwood Drive</b></p> <p>City State Zip <b>Huddleston VA 24104</b></p>	<p>Date of Receipt M M D D Y Y Y Y 0 8 0 1 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p><b>D.</b> Full Name of Donor <b>Bob J. Perry</b></p> <p>Mailing Address of Donor <b>P.O. Box 34153</b></p> <p>City State Zip <b>Houston TX 77234</b></p>	<p>Date of Receipt M M D D Y Y Y Y 0 9 1 3 2 0 0 4</p> <p>Amount 2 5 0 0 0 0 0 0</p>
<p><b>E.</b> Full Name of Donor <b>Charles Pierce</b></p> <p>Mailing Address of Donor <b>3542 Bayard Drive</b></p> <p>City State Zip <b>Cincinnati OH 45208</b></p>	<p>Date of Receipt M M D D Y Y Y Y 0 9 1 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶ 2 5 1 6 0 0 0 0</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ 3 4 7 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>                      brian Pilcher</p> <p><b>Mailing Address of Donor</b>                      PO Box 399</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b>                      Ross                              CA                              94957</p>	<p><b>Date of Receipt</b>                      0 9    1 1    2 0 0 4</p> <p><b>Amount</b>                      1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b>                      Roger G. Pollock</p> <p><b>Mailing Address of Donor</b>                      22 Denison Drive</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b>                      Saddle River                      NJ                              07458</p>	<p><b>Date of Receipt</b>                      0 9    1 3    2 0 0 4</p> <p><b>Amount</b>                      1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b>                      William A. Popp</p> <p><b>Mailing Address of Donor</b>                      2334 Ben Franklin Dr</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b>                      Deland                              FL                              32720</p>	<p><b>Date of Receipt</b>                      0 9    0 2    2 0 0 4</p> <p><b>Amount</b>                      7 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b>                      William A. Popp</p> <p><b>Mailing Address of Donor</b>                      2334 Ben Franklin Dr</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b>                      Deland                              FL                              32720</p>	<p><b>Date of Receipt</b>                      0 9    1 0    2 0 0 4</p> <p><b>Amount</b>                      3 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b>                      Mary Prescott</p> <p><b>Mailing Address of Donor</b>                      501 N Clinton St, Apt 3401</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b>                      Chicago                              IL                              60610</p>	<p><b>Date of Receipt</b>                      0 8    2 4    2 0 0 4</p> <p><b>Amount</b>                      5 0 0 0 0 0</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p>3 5 0 0 0 0</p>
<p><b>TOTAL</b> This Period (last page this Sec number only) .....</p> <p>(carry total from last page to line 9)</p>	<p>3 5 0 7 5 0 0 0</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<b>A. Full Name of Donor</b> Mary Susan Prescott			<b>Date of Receipt</b> 08 10 2004	
<b>Mailing Address of Donor</b> 501 N Clinton St, Apt 3401			<b>Amount</b> 500.00	
<b>City</b> Chicago	<b>State</b> IL	<b>Zip</b> 60610		
<b>B. Full Name of Donor</b> Frank Price			<b>Date of Receipt</b> 08 10 2004	
<b>Mailing Address of Donor</b> 527 Spoleto Drive			<b>Amount</b> 500.00	
<b>City</b> Pacific Palisades	<b>State</b> CA	<b>Zip</b> 90272		
<b>C. Full Name of Donor</b> Frank Price			<b>Date of Receipt</b> 08 19 2004	
<b>Mailing Address of Donor</b> 527 Spoleto Drive			<b>Amount</b> 500.00	
<b>City</b> Pacific Palisades	<b>State</b> CA	<b>Zip</b> 90272		
<b>D. Full Name of Donor</b> Dean Rajala			<b>Date of Receipt</b> 08 14 2004	
<b>Mailing Address of Donor</b> P.O. Box 217			<b>Amount</b> 1000.00	
<b>City</b> Deer River	<b>State</b> MN	<b>Zip</b> 56636		
<b>E. Full Name of Donor</b> Dean Rajala			<b>Date of Receipt</b> 08 15 2004	
<b>Mailing Address of Donor</b> P.O. Box 217			<b>Amount</b> 1000.00	
<b>City</b> Deer River	<b>State</b> MN	<b>Zip</b> 56636		
<b>SUBTOTAL of Donations This Page (optional)</b>			3500.00	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 3)			354250.00	

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

<b>A. Full Name of Donor</b> <b>Barry Relinger</b>			<b>Date of Receipt</b> M M Y Y 0 9 1 3 2 0 0 4	
Mailing Address of Donor <b>25 Duck Lane</b>			Amount 1 0 0 0 0 0	
City <b>West Islip</b>	State <b>NY</b>	Zip <b>11795</b>		
<b>B. Full Name of Donor</b> <b>Clayton Roberts</b>			<b>Date of Receipt</b> M M Y Y 0 9 1 2 2 0 0 4	
Mailing Address of Donor <b>6226 Mimosa Lane</b>			Amount 5 0 0 0 0 0	
City <b>Dallas</b>	State <b>TX</b>	Zip <b>75230</b>		
<b>C. Full Name of Donor</b> <b>Clayton Roberts</b>			<b>Date of Receipt</b> M M Y Y 0 8 0 5 2 0 0 4	
Mailing Address of Donor <b>6226 Mimosa Lane</b>			Amount 2 5 0 0 0 0	
City <b>Dallas</b>	State <b>TX</b>	Zip <b>75230</b>		
<b>D. Full Name of Donor</b> <b>Clayton Roberts</b>			<b>Date of Receipt</b> M M Y Y 0 8 2 4 2 0 0 4	
Mailing Address of Donor <b>6226 Mimosa Lane</b>			Amount 2 5 0 0 0 0	
City <b>Dallas</b>	State <b>TX</b>	Zip <b>75230</b>		
<b>E. Full Name of Donor</b> <b>Betty Jean Salyer</b>			<b>Date of Receipt</b> M M Y Y 0 8 1 0 2 0 0 4	
Mailing Address of Donor <b>172 Lily Ln</b>			Amount 1 0 0 0 0 0	
City <b>Whittier</b>	State <b>NC</b>	Zip <b>28789</b>		
<b>SUBTOTAL of Donations This Page (optional)</b>			3 0 0 0 0 0	
<b>TOTAL This Period (see page 955 line number only)</b> (carry total from last page to Line 9)			3 5 7 2 5 0 0 0	

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

<p><b>A. Full Name of Donor</b> thomas p. sartwelle</p> <p>Mailing Address of Donor 1300 post oak blvd ste 2500</p> <p>City State Zip Houston TX 77056</p>	<p>Date of Receipt 08 14 2004</p> <p>Amount 250.00</p>
<p><b>B. Full Name of Donor</b> thomas p. sartwelle</p> <p>Mailing Address of Donor 1300 post oak blvd ste 2500</p> <p>City State Zip houston TX 77056</p>	<p>Date of Receipt 08 06 2004</p> <p>Amount 250.00</p>
<p><b>C. Full Name of Donor</b> thomas p. sartwelle</p> <p>Mailing Address of Donor 1300 post oak blvd ste 2500</p> <p>City State Zip houston TX 77056</p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 250.00</p>
<p><b>D. Full Name of Donor</b> thomas p. sartwelle</p> <p>Mailing Address of Donor 1300 post oak blvd ste 2500</p> <p>City State Zip Houston TX 77056</p>	<p>Date of Receipt 08 04 2004</p> <p>Amount 250.00</p>
<p><b>E. Full Name of Donor</b> Douglas Swenson</p> <p>Mailing Address of Donor 341 W Ashbourne Dr.</p> <p>City State Zip Eagle ID 83616</p>	<p>Date of Receipt 09 10 2004</p> <p>Amount 500.00</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... 1500.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... 3587.50 (carry total from last page to Line 9)</p>	

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

<p><b>A.</b> Full Name of Donor <b>Douglas Swenson</b></p> <p>Mailing Address of Donor <b>341 W Ashbourne Dr.</b></p> <p>City State Zip <b>Eagle ID 83616</b></p>	<p>Date of Receipt M O N T H D A Y Y E A R 0 0 0 4 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p><b>B.</b> Full Name of Donor <b>Douglas Swenson</b></p> <p>Mailing Address of Donor <b>341 Ashbourne Dr.</b></p> <p>City State Zip <b>Eagle ID 83616</b></p>	<p>Date of Receipt M O N T H D A Y Y E A R 0 8 2 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>C.</b> Full Name of Donor <b>Robert Sydow</b></p> <p>Mailing Address of Donor <b>528 21st Street</b></p> <p>City State Zip <b>Manhattan Beach CA 90266</b></p>	<p>Date of Receipt M O N T H D A Y Y E A R 0 8 1 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>D.</b> Full Name of Donor <b>Tom Talbot</b></p> <p>Mailing Address of Donor <b>N2885 County F</b></p> <p>City State Zip <b>Montello WI 53949</b></p>	<p>Date of Receipt M O N T H D A Y Y E A R 0 8 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>E.</b> Full Name of Donor <b>Gary Vogler</b></p> <p>Mailing Address of Donor <b>11451 S. W. 3rd. Street</b></p> <p>City State Zip <b>Plantation FL 33325</b></p>	<p>Date of Receipt M O N T H D A Y Y E A R 0 8 1 6 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p>3 0 0 0 0 0</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p> <p>(carry total from last page to Line 9)</p>	<p>3 6 1, 7 5 0 0 0</p>



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

<p><b>A. Full Name of Donor</b>                      todd vowel</p> <hr/> <p>Mailing Address of Donor                      6930 destiny drive</p> <hr/> <p>City State Zip                      rocklin CA 95677</p>	<p>Date of Receipt                      09 14 2004</p> <p>Amount                      2 5 0 0 0 0</p>
<p><b>B. Full Name of Donor</b>                      Audrey Watleigh</p> <hr/> <p>Mailing Address of Donor                      2560 Crossgate Place</p> <hr/> <p>City State Zip                      Birmingham AL 35216</p>	<p>Date of Receipt                      09 15 2004</p> <p>Amount                      2 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b>                      Bob Weekley</p> <hr/> <p>Mailing Address of Donor                      621 So Barrington Ave #306</p> <hr/> <p>City State Zip                      Los Angeles CA 90049</p>	<p>Date of Receipt                      09 10 2004</p> <p>Amount                      1 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b>                      Steve Weltha</p> <hr/> <p>Mailing Address of Donor                      221 South 5th Avenue</p> <hr/> <p>City State Zip                      Winterset IA 50273</p>	<p>Date of Receipt                      09 15 2004</p> <p>Amount                      1 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b>                      John Wheatley</p> <hr/> <p>Mailing Address of Donor                      1730 Thorp Cemetery Rd</p> <hr/> <p>City State Zip                      Thorp WA 98946</p>	<p>Date of Receipt                      08 27 2004</p> <p>Amount                      1 0 0 0 0 0</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p> <hr/> <p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page to Line 9)</p>	<p>6 6 0 0 0 0</p> <p>3 6 9 3 5 0 0 0</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<b>A. Full Name of Donor</b> <b>John P. Wheatley</b>			<b>Date of Receipt</b> 09 10 2004	
<b>Mailing Address of Donor</b> <b>1730 Thorp Cemetery Rd</b>			<b>Amount</b> 900.00	
<b>City</b> Thorp	<b>State</b> WA	<b>Zip</b> 98946		
<b>B. Full Name of Donor</b> <b>John P. Wheatley</b>			<b>Date of Receipt</b> 09 15 2004	
<b>Mailing Address of Donor</b> <b>1730 Thorp Cemetery Road</b>			<b>Amount</b> 1,000.00	
<b>City</b> Thorp	<b>State</b> WA	<b>Zip</b> 98946		
<b>C. Full Name of Donor</b> <b>Kenneth C Whitener Jr</b>			<b>Date of Receipt</b> 09 11 2004	
<b>Mailing Address of Donor</b> <b>400 East Ohio Street #1702</b>			<b>Amount</b> 500.00	
<b>City</b> Chicago	<b>State</b> IL	<b>Zip</b> 60611		
<b>D. Full Name of Donor</b> <b>Kenneth C Whitener Jr</b>			<b>Date of Receipt</b> 08 31 2004	
<b>Mailing Address of Donor</b> <b>400 East Ohio Street #1702</b>			<b>Amount</b> 500.00	
<b>City</b> Chicago	<b>State</b> IL	<b>Zip</b> 60611		
<b>E. Full Name of Donor</b> <b>Robert Wilcox</b>			<b>Date of Receipt</b> 09 10 2004	
<b>Mailing Address of Donor</b> <b>12329 Henderson Road</b>			<b>Amount</b> 500.00	
<b>City</b> Clifton	<b>State</b> VA	<b>Zip</b> 20124		
<b>SUBTOTAL of Donations This Page (optional)</b>			3,400.00	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 5)			3,717.50	

**SCHEDULE 9-A**

**Donation(s) Received**

<b>A. Full Name of Donor</b> <b>Robert Wilcox</b>			<b>Date of Receipt</b> M M Y Y 0 8 1 9 2 0 0 4	
Mailing Address of Donor <b>12329 Henderson Road</b>			Amount 5 0 0 0 0	
City <b>Clifton</b>	State <b>VA</b>	Zip <b>20124</b>		
<b>B. Full Name of Donor</b> <b>Mark Winters</b>			<b>Date of Receipt</b> M M Y Y 0 8 1 9 2 0 0 4	
Mailing Address of Donor <b>P. O. Box 8123</b>			Amount 5 0 0 0 0	
City <b>Klamath Falls</b>	State <b>OR</b>	Zip <b>97602</b>		
<b>C. Full Name of Donor</b> <b>Mark Winters</b>			<b>Date of Receipt</b> M M Y Y 0 8 0 1 2 0 0 4	
Mailing Address of Donor <b>P. O. Box 8123</b>			Amount 1 0 0 0 0	
City <b>Klamath Falls</b>	State <b>OR</b>	Zip <b>97602</b>		
<b>D. Full Name of Donor</b> <b>Mark Winters</b>			<b>Date of Receipt</b> M M Y Y 0 8 0 5 2 0 0 4	
Mailing Address of Donor <b>P. O. Box 8123</b>			Amount 5 0 0 0 0	
City <b>Klamath Falls</b>	State <b>OR</b>	Zip <b>97602</b>		
<b>E. Full Name of Donor</b> <b>Melissa Wisen</b>			<b>Date of Receipt</b> M M Y Y 0 8 1 0 2 0 0 4	
Mailing Address of Donor <b>203 Baintree Rd</b>			Amount 1 0 0 0 0 0	
City <b>Moon Township</b>	State <b>PA</b>	Zip <b>15108</b>		
<b>SUBTOTAL of Donations This Page (optional)</b>			2 6 0 0 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 9)			3 7 4 3 5 0 0 0	

**SCHEDULE 9-A**

**Donation(s) Received**

<b>A. Full Name of Donor</b> <b>Melissa Wisen</b>			<b>Date of Receipt</b> M M Y Y 0 8 1 8 2 0 0 4	
<b>Mailing Address of Donor</b> <b>203 Baintree Rd</b>			<b>Amount</b> 5 0 0 0 0	
<b>City</b> <b>Moon Township</b>	<b>State</b> <b>PA</b>	<b>Zip</b> <b>15108</b>		
<b>B. Full Name of Donor</b> <b>Randall Wolcott</b>			<b>Date of Receipt</b> M M Y Y 0 9 1 0 2 0 0 4	
<b>Mailing Address of Donor</b> <b>2002 Oxford Ave</b>			<b>Amount</b> 5 0 0 0 0	
<b>City</b> <b>Lubbock</b>	<b>State</b> <b>TX</b>	<b>Zip</b> <b>79410</b>		
<b>C. Full Name of Donor</b> <b>James Wolfram</b>			<b>Date of Receipt</b> M M Y Y 0 9 1 0 2 0 0 4	
<b>Mailing Address of Donor</b> <b>212 Canyon Drive</b>			<b>Amount</b> 1 0 0 0 0 0	
<b>City</b> <b>Las Vegas</b>	<b>State</b> <b>NV</b>	<b>Zip</b> <b>89107</b>		
<b>D. Full Name of Donor</b> <b>Joel Wood</b>			<b>Date of Receipt</b> M M Y Y 0 0 1 8 2 0 0 4	
<b>Mailing Address of Donor</b> <b>3 West Woodlawn Drive</b>			<b>Amount</b> 1 0 0 0 0 0	
<b>City</b> <b>Destrehan</b>	<b>State</b> <b>LA</b>	<b>Zip</b> <b>70047</b>		
<b>E. Full Name of Donor</b> <b>Julian R. Yowmans</b>			<b>Date of Receipt</b> M M Y Y 0 8 1 4 2 0 0 4	
<b>Mailing Address of Donor</b> <b>44124 Grenview Drive</b>			<b>Amount</b> 1 0 0 0 0 0	
<b>City</b> <b>El Macero</b>	<b>State</b> <b>CA</b>	<b>Zip</b> <b>95618</b>		
<b>SUBTOTAL of Donations This Page (optional)</b>			4 0 0 0 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line B)			3 7 8 3 5 0 0 0	

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

<p><b>A. Full Name of Donor</b> <b>Kathryn Zirkle</b></p> <p>Mailing Address of Donor <b>P.O. Box 11085</b></p> <p>City State Zip <b>Truckee CA 96162</b></p>	<p>Date of Receipt M M . D D . Y Y Y Y 0 9 . 1 4 . 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b></p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt M M . D D . Y Y Y Y</p> <p>Amount</p>
<p><b>C. Full Name of Donor</b></p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt M M . D D . Y Y Y Y</p> <p>Amount</p>
<p><b>D. Full Name of Donor</b></p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt M M . D D . Y Y Y Y</p> <p>Amount</p>
<p><b>E. Full Name of Donor</b></p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt M M . D D . Y Y Y Y</p> <p>Amount</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>1 0 0 0 0 0</p>
<p>TOTAL This Period (list page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>3 7 9 9 5 0 0 0</p>

**SCHEDULE B-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Chris LaCivita Consulting				<b>Date of Disbursement or Obligation</b> 08 / 31 / 2004	
<b>Mailing Address of Payee</b> 13604 Timberlake Ct				<b>Amount</b> 3,333.00	
<b>City</b> Midlothian, VA 23311		<b>State</b> VA		<b>Zip Code</b> 23311	
<b>Name of Employer</b>		<b>Occupation</b>		<b>Communication Date</b> 08 / 10 / 2004	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Copywriting & Production					
<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>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>Disbursement/Obligation For:</b>	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>Disbursement/Obligation For:</b>	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KLAS-TV				<b>Date of Disbursement or Obligation</b> 09 / 15 / 2004	
<b>Mailing Address of Payee</b> 3228 Channel 8 Drive				<b>Amount</b> 5,021.37	
<b>City</b> Las Vegas, NV 89109		<b>State</b> NV		<b>Zip Code</b> 89109	
<b>Name of Employer</b>		<b>Occupation</b>		<b>Communication Date</b> 09 / 17 / 2004	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy					
<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>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>Disbursement/Obligation For:</b>	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>Disbursement/Obligation For:</b>	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				5,354.67	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				5,354.67	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services, Inc.		<b>Date of Disbursement or Obligation</b> 09 15 2004
<b>Mailing Address of Payee</b> 600 Fairmont Avenue, Suite 306		<b>Amount</b> 8,861.25
<b>City</b> Towson, MD 21286	<b>State</b> MD	<b>Commission Date</b> 05 17 2004
<b>Name of Employer</b> Occupation		

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

Media Commission

<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> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KTNV-TV		<b>Date of Disbursement or Obligation</b> 09 15 2004
<b>Mailing Address of Payee</b> 3355 South Valley View Blvd		<b>Amount</b> 23,228.37
<b>City</b> Las Vegas, NV 89102	<b>State</b> NV	<b>Commission Date</b> 09 17 2004
<b>Name of Employer</b> Occupation		

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

Media Buy

<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> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>	32,089.62
<b>TOTAL This Period (add page into line number only)</b> (carry total from last page to Line 10)	85,636.37

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services, Inc.				Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4	
Mailing Address of Payee 600 Fairmont Avenue, Suite 306				Amount 4,099.13	
City State Zip Code Towson, MD 21286		Name of Employer Occupation		Communication Date 0 9 / 1 7 / 2 0 0 4	
Purpose of Disbursement (including title(s) of communication(s)) Media Commission					
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		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		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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KVBC-TV				Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4	
Mailing Address of Payee 1500 Foremaster Lane				Amount 5,079.75	
City State Zip Code Las Vegas, NV 89101		Name of Employer Occupation		Communication Date 0 9 / 1 7 / 2 0 0 4	
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		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		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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				5,489.88	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 11)				14,052.75	



**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services, Inc.				<b>Date of Disbursement or Obligation</b> 0 9 / 1 5 / 2 0 0 4			
<b>Mailing Address of Payee</b> 600 Fairmont Avenue, Suite 306				<b>Amount</b> 8,963.25			
<b>City</b> Towson, MD 21286		<b>State</b> MD		<b>Zip Code</b> 21286			
<b>Name of Employer</b> Mentzer Media Services, Inc.		<b>Occupation</b> Media Services		<b>Communication Date</b> 0 9 / 1 7 / 2 0 0 4			
<b>Purpose of Disbursement (including use(s) or communication(s))</b> Media Buy Commission							
<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>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KVVU-TV				<b>Date of Disbursement or Obligation</b> 0 9 / 1 5 / 2 0 0 4			
<b>Mailing Address of Payee</b> 25 TV 5 Drive				<b>Amount</b> 13,637.19			
<b>City</b> Henderson, NV 89104		<b>State</b> NV		<b>Zip Code</b> 89104			
<b>Name of Employer</b> KVVU-TV		<b>Occupation</b> TV Station		<b>Communication Date</b> 0 9 / 1 7 / 2 0 0 4			
<b>Purpose of Disbursement (including use(s) or communication(s))</b> Media Buy							
<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>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				22,600.44			
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				163,127.69			

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services, Inc.				Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4	
Mailing Address of Payee 600 Fairmont Avenue, Suite 306				Amount 2,4 0 6,5 0	
City Towson, MD 21286		State MD		Zip Code 21286	
Name of Employer Mentzer Media Services, Inc.		Occupation Media Commission		Communication Date 0 9 / 1 5 / 2 0 0 4	
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		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		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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KOLO-TV				Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4	
Mailing Address of Payee 4850 Ampere Drive				Amount 2 3,0 3 3,3 0	
City Reno, NV 89502		State NV		Zip Code 89502	
Name of Employer KOLO-TV		Occupation Media Buy		Communication Date 0 9 / 1 5 / 2 0 0 4	
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		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		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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) .....				2 5 4 3 9 8 6	
TOTAL This Period (last page this line number only) ..... (carry total from last page to Line 10)				1 8 8 5 6 7 5 5	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services, Inc.				<b>Date of Disbursement or Obligation</b> 0 9 / 1 5 / 2 0 0 4			
<b>Mailing Address of Payee</b> 600 Fairmont Avenue, Suite 308				<b>Amount</b> \$ 0 8 4 7 0			
<b>City</b> Towson, MD 21286		<b>State</b>		<b>Zip Code</b>			
<b>Name of Employer</b>		<b>Occupation</b>		<b>Communication Date</b> 0 9 / 1 7 / 2 0 0 4			
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media Commission							
<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>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> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KRNV-TV				<b>Date of Disbursement or Obligation</b> 0 9 / 1 5 / 2 0 0 4			
<b>Mailing Address of Payee</b> 1780 Vassar Street				<b>Amount</b> \$ 1 1 7 7 0 7			
<b>City</b> Reno, NV 89510		<b>State</b>		<b>Zip Code</b>			
<b>Name of Employer</b>		<b>Occupation</b>		<b>Communication Date</b> 0 9 / 1 7 / 2 0 0 4			
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media Buy							
<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>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> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				1 5 2 4 1 7 7			
<b>TOTAL This Period (less page this line number only)</b> (carry total from last page to Line 10)				2 0 3 8 0 9 3 2			

**SCHEDULE B-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services, Inc.				<b>Date of Disbursement or Obligation</b> 0 9 / 1 5 / 2 0 0 4			
<b>Mailing Address of Payee</b> 600 Fairmont Avenue, Suite 306				<b>Amount</b> 1,972.43			
<b>City</b> Towson, MD 21286		<b>State</b> MD		<b>Zip Code</b> 21286			
<b>Name of Employer</b> Mentzer Media Services, Inc.				<b>Communication Date</b> 0 9 / 1 7 / 2 0 0 4			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Commission							
<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>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> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KRXI-TV				<b>Date of Disbursement or Obligation</b> 0 9 / 1 5 / 2 0 0 4			
<b>Mailing Address of Payee</b> 4920 Brookside Court				<b>Amount</b> 3,034.50			
<b>City</b> Reno, NV 89502		<b>State</b> NV		<b>Zip Code</b> 89502			
<b>Name of Employer</b> KRXI-TV				<b>Communication Date</b> 0 9 / 1 7 / 2 0 0 4			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy							
<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>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> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				5006.93			
<b>TOTAL This Period (last page line numbers only)</b> (carry total from last page to Line 14)				208816.25			

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services, Inc.				Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4			
Mailing Address of Payee 600 Fairmont Avenue, Suite 306				Amount 5 3 5 5 0			
City Towson, MD 21286		State MD		Zip Code 21286			
Name of Employer Mentzer Media Services, Inc.		Occupation Media Commission		Communication Date 0 9 / 1 7 / 2 0 0 4			
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		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		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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KTVN-TV				Date of Disbursement or Obligation 0 9 / 1 3 / 2 0 0 4			
Mailing Address of Payee 4925 Energy Way				Amount 1 1 3 1 7 9 6			
City Reno, NV 89502		State NV		Zip Code 89502			
Name of Employer KTVN-TV		Occupation Media Buy		Communication Date 0 9 / 1 7 / 2 0 0 4			
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		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		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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
SUBTOTAL of Disbursements/Obligations This Page (optional)				1 1 8 5 3 4 6			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				2 2 0 6 6 9 7 1			

**SCHEDULE 3-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services, Inc.				Date of Disbursement or Obligation 0 9 ' 1 5 2 0 0 4	
Mailing Address of Payee 600 Fairmont Avenue, Suite 308				Amount 1,997.29	
City Towson, MD 21286		State MD		Zip Code 21286	
Name of Employer Mentzer Media Services, Inc.		Occupation Media Commission		Communication Date 0 9 ' 1 5 2 0 0 4	
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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KOAT-TV				Date of Disbursement or Obligation 0 9 ' 1 5 2 0 0 4	
Mailing Address of Payee 3801 Carlisle NE				Amount 2,277.61	
City Albuquerque, NM 87125		State NM		Zip Code 87125	
Name of Employer KOAT-TV		Occupation Media Buy		Communication Date 0 9 ' 1 5 2 0 0 4	
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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				2,477.41	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				2,454.43	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services, Inc.				Date of Disbursement or Obligation M O Y 0 8 1 5 2 0 0 4	
Mailing Address of Payee 600 Fairmont Avenue, Suite 306				Amount 4,019.44	
City State Zip Code Towson, MD 21286		Name of Employer Occupation		Communication Date M O Y 0 9 1 7 2 0 0 4	
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 checked="" type="checkbox"/> President		Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate John F. Kerry		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate John F. Kerry		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KOE-TV				Date of Disbursement or Obligation M O Y 0 8 1 5 2 0 0 4	
Mailing Address of Payee 4 Broadcast Plaza SW				Amount 19,760.37	
City State Zip Code Albuquerque, NM 87103		Name of Employer Occupation		Communication Date M O Y 0 9 1 7 2 0 0 4	
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 checked="" type="checkbox"/> President		Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate John F. Kerry		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate John F. Kerry		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				23779.81	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				269223.62	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services, Inc.				<b>Date of Disbursement or Obligation</b> 0 9 / 1 5 / 2 0 0 4			
<b>Mailing Address of Payee</b> 600 Fairmont Avenue, Suite 306				<b>Amount</b> \$ 4 8 7 . 1 3			
<b>City</b> Towson, MD 21286		<b>State</b>		<b>Zip Code</b>			
<b>Name of Employer</b>		<b>Occupation</b>		<b>Communication Date</b> 0 9 / 1 7 / 2 0 0 4			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Commission							
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input 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> KRQE-TV				<b>Date of Disbursement or Obligation</b> 0 9 / 1 5 / 2 0 0 4			
<b>Mailing Address of Payee</b> 13 Broadcast Plaza SW				<b>Amount</b> \$ 3 2 6 9 3 . 1 2			
<b>City</b> Albuquerque, NM 87103		<b>State</b>		<b>Zip Code</b>			
<b>Name of Employer</b>		<b>Occupation</b>		<b>Communication Date</b> 0 9 / 1 7 / 2 0 0 4			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy							
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input 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>				3 6 1 8 0 2 5			
<b>TOTAL This Period (last page dis line number only)</b> (carry total from last page to Line 10)				3 0 5 4 0 3 8 7			



**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services, Inc.				<b>Date of Disbursement or Obligation</b> 0 9 / 1 5 / 2 0 0 4			
<b>Mailing Address of Payee</b> 600 Fairmont Avenue, Suite 306				<b>Amount</b> 5,769.38			
<b>City</b> Towson, MD 21286		<b>State</b> MD		<b>Zip Code</b> 21286			
<b>Name of Employer</b> Mentzer Media Services, Inc.		<b>Occupation</b> Media Services		<b>Communication Date</b> 0 9 / 1 5 / 2 0 0 4			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Commission							
<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>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> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >			
<b>Name of Federal Candidate</b> _____		<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >			
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KASA-TV				<b>Date of Disbursement or Obligation</b> 0 9 / 1 5 / 2 0 0 4			
<b>Mailing Address of Payee</b> 1377 University Blvd NE				<b>Amount</b> 2,855.19			
<b>City</b> Albuquerque, NM 87103		<b>State</b> NM		<b>Zip Code</b> 87103			
<b>Name of Employer</b> KASA-TV		<b>Occupation</b> TV Station		<b>Communication Date</b> 0 9 / 1 5 / 2 0 0 4			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy							
<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>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> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >			
<b>Name of Federal Candidate</b> _____		<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >			
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				8424.57			
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				313828.44			


**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services, Inc.				<b>Date of Disbursement or Obligation</b> 0 9 / 1 5 / 2 0 0 4	
<b>Mailing Address of Payee</b> 800 Fairmont Avenue, Suite 306				<b>Amount</b> , 4 6 8 , 5 6	
<b>City</b> Towson, MD 21286		<b>State</b> MD		<b>Zip Code</b> 21286	
<b>Name of Employer</b> Mentzer Media Services, Inc.		<b>Occupation</b> Media Commission		<b>Communication Date</b> 0 9 / 1 7 / 2 0 0 4	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media Commission					
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<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> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Stevens Reed Curcio & Potholm				<b>Date of Disbursement or Obligation</b> 0 9 / 1 3 / 2 0 0 4	
<b>Mailing Address of Payee</b> 305 Cameron Street				<b>Amount</b> , 1 1 9 1 3 , 0 0	
<b>City</b> Alexandria, VA 22314		<b>State</b> VA		<b>Zip Code</b> 22314	
<b>Name of Employer</b> Stevens Reed Curcio & Potholm		<b>Occupation</b> Media Production/Post		<b>Communication Date</b> 0 9 / 1 7 / 2 0 0 4	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media Production/Post					
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<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> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				1 2 3 8 1 5 8	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				3 2 6 2 1 0 0 0	

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 9-17-04
<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 type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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
 PREPARER (5/2004)	9-17-04 DATE PREPARED