

REC'D  
FEDERAL ELECTION COMMISSION  
AUG 18 2004  
2004 DEC 18 AM 11 23

# 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	or	Now	4. Covering Period	1 1 2 0 0 4	through	1 1 2 0 0 4
		Amended		1 1 2 0 0 4		1 1 2 0 0 4

5. (a) Date of Public Distribution(s) 11/14/2004 (b) Communication Title "Why" and "Trav Garner"

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

Retired

(e) Occupation

Retired

9. Total Donations This Statement 1,992,900.00

10. Total Disbursements/Obligations This Statement 1,339,599.89

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 statement to the Commission may subject the person who signed this statement to the penalties of 18 U.S.C. § 437c.

**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	(e) Occupation
Retired	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	(e) Occupation
Clements O'Neill Piersa	Attorney
<b>C.</b> (a) Name	
Alicia 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	(e) Occupation
Self Employed	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	(e) Occupation
Retired	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.</b> Full Name of Donor <b>LEE A. BEAMAN</b></p> <p>Mailing Address of Donor <b>1525 BROADWAY</b></p> <p>City State Zip <b>NASHVILLE TN 37203</b></p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>B.</b> Full Name of Donor <b>George C Bitting</b></p> <p>Mailing Address of Donor <b>120 Sachuest Way</b></p> <p>City State Zip <b>Middletown RI 02842</b></p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>C.</b> Full Name of Donor <b>Glen Black</b></p> <p>Mailing Address of Donor <b>1000 East Clearvue Ct.</b></p> <p>City State Zip <b>Eagle ID 83616</b></p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>D.</b> Full Name of Donor <b>glen black</b></p> <p>Mailing Address of Donor <b>1000 east clearvue ct.</b></p> <p>City State Zip <b>eagle ID 83616</b></p>	<p>Date of Receipt 09 03 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p><b>E.</b> Full Name of Donor <b>Robert Black</b></p> <p>Mailing Address of Donor <b>P.O. Box 970</b></p> <p>City State Zip <b>Genoa NV 89411</b></p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 5 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>3 1 0 0 0 0</p>

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

<b>A. Full Name of Donor</b> <b>Robert Black</b>			<b>Date of Receipt</b> 0 8 / 0 8 / 2 0 0 4	
Mailing Address of Donor <b>P.O. Box 970</b>			Amount 1 0 0 0 0	
City	State	Zip		
Genoa	NV	89411		
<b>B. Full Name of Donor</b> <b>Robert Black</b>			<b>Date of Receipt</b> 0 8 / 2 0 / 2 0 0 4	
Mailing Address of Donor <b>P.O. Box 970</b>			Amount 5 0 0 0 0	
City	State	Zip		
Genoa	NV	89411		
<b>C. Full Name of Donor</b> <b>Robert Black</b>			<b>Date of Receipt</b> 0 8 / 3 1 / 2 0 0 4	
Mailing Address of Donor <b>P.O. Box 970</b>			Amount 1 0 0 0 0	
City	State	Zip		
Genoa	NV	89411		
<b>D. Full Name of Donor</b> <b>William S. Borders</b>			<b>Date of Receipt</b> 1 0 / 0 9 / 2 0 0 4	
Mailing Address of Donor <b>235 Sotir St NW</b>			Amount 5 0 0 0 0	
City	State	Zip		
Fort Walton Beach	FL	32548		
<b>E. Full Name of Donor</b> <b>David Bricker</b>			<b>Date of Receipt</b> 1 0 / 1 1 / 2 0 0 4	
Mailing Address of Donor <b>160 Broadway</b>			Amount 1 0 0 0 0 0	
City	State	Zip		
New York	NY	10038		
SUBTOTAL of Donations This Page (optional)			2 2 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to line 9)			5 3 0 0 0 0	

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

<p><b>A. Full Name of Donor</b> <b>Brett Byers</b></p> <p>Mailing Address of Donor <b>440 Davis Court, #1802</b></p> <p>City State Zip <b>San Francisco CA 94111</b></p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1,000.00</p>
<p><b>B. Full Name of Donor</b> <b>Charles Coligure</b></p> <p>Mailing Address of Donor <b>19 Mayview Rd</b></p> <p>City State Zip <b>Lawrence PA 15055</b></p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 1,000.00</p>
<p><b>C. Full Name of Donor</b> <b>John Connolly</b></p> <p>Mailing Address of Donor <b>700 Front St.</b></p> <p>City State Zip <b>San Diego CA 92101</b></p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 500.00</p>
<p><b>D. Full Name of Donor</b> <b>Timothy Cooney</b></p> <p>Mailing Address of Donor <b>434 main street</b></p> <p>City State Zip <b>wareham MA 02571</b></p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 500.00</p>
<p><b>E. Full Name of Donor</b> <b>Lammot Copeland</b></p> <p>Mailing Address of Donor <b>100 Rogers Rd</b></p> <p>City State Zip <b>Wilmington DE 19801</b></p>	<p>Date of Receipt 10 17 2004</p> <p>Amount 1,000.00</p>
<p><b>GRAND TOTAL of Donations This Page (optional)</b> .....</p>	<p>3,100.00</p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page to Line 9)</p>	<p>8,400.00</p>

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

<p><b>A.</b> Full Name of Donor  <b>Brooks Corbin</b></p> <p>Mailing Address of Donor  <b>4220 Park Newport Drive, 207</b></p> <p>City State Zip  <b>Newport Beach CA 92660</b></p>	<p>Date of Receipt            10 19 2004</p> <p>Amount            1,000.00</p>
<p><b>B.</b> Full Name of Donor  <b>Doug Cronn</b></p> <p>Mailing Address of Donor  <b>5333 N. Sonoran Canyon Place</b></p> <p>City State Zip  <b>Tucson AZ 85749</b></p>	<p>Date of Receipt            10 11 2004</p> <p>Amount            1,000.00</p>
<p><b>C.</b> Full Name of Donor  <b>Doug Cronn</b></p> <p>Mailing Address of Donor  <b>5333 N. Sonoran Canyon Pl</b></p> <p>City State Zip  <b>Tucson AZ 85749</b></p>	<p>Date of Receipt            08 08 2004</p> <p>Amount            500.00</p>
<p><b>D.</b> Full Name of Donor  <b>Tom Crook</b></p> <p>Mailing Address of Donor  <b>2203 Riverview Drive</b></p> <p>City State Zip  <b>Murfreesboro TN 37129</b></p>	<p>Date of Receipt            10 11 2004</p> <p>Amount            1,000.00</p>
<p><b>E.</b> Full Name of Donor  <b>Leslie Deane</b></p> <p>Mailing Address of Donor  <b>98 Main Street, Suite 205</b></p> <p>City State Zip  <b>Tiburon CA 94920</b></p>	<p>Date of Receipt            10 09 2004</p> <p>Amount            1,000.00</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ▶            (carry total from last page to Line 9)</p>	<p>4,500.00</p> <p>12,900.00</p>

**SCHEDULE 3-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Leslie Doane</p> <p>Mailing Address of Donor 98 Main Street, Suite 205</p> <p>City State Zip Tiburon CA 94920</p>	<p>Date of Receipt 09 21 2004</p> <p>Amount 250.00</p>
<p><b>B. 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 10 11 2004</p> <p>Amount 500.00</p>
<p><b>C. Full Name of Donor</b> Steven Diehl</p> <p>Mailing Address of Donor 20311 Parkwood Court</p> <p>City State Zip Hagerstown MD 21742</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 500.00</p>
<p><b>D. Full Name of Donor</b> Greg Dodds</p> <p>Mailing Address of Donor 31 Whitcomb Drive</p> <p>City State Zip Grosse Pointe Farms MI 48236</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 500.00</p>
<p><b>E. Full Name of Donor</b> John Dowd</p> <p>Mailing Address of Donor 1529 Crowell Road</p> <p>City State Zip Vienna VA 22182</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 2500.00</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p>4,250.00</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>17,150.00</p>

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

<b>A. Full Name of Donor</b> <b>Willard Edison</b>			<b>Date of Receipt</b> 10 12 2004	
Mailing Address of Donor <b>6043 Hatton Place</b>			Amount 25000	
City	State	Zip		
Ferndale	WA	98248		
<b>B. Full Name of Donor</b> <b>Todd Farha</b>			<b>Date of Receipt</b> 10 11 2004	
Mailing Address of Donor <b>345 Bayshore Blvd, GP 13</b>			Amount 50000	
City	State	Zip		
Tampa	FL	33606		
<b>C. Full Name of Donor</b> <b>Todd Farha</b>			<b>Date of Receipt</b> 08 11 2004	
Mailing Address of Donor <b>345 Bayshore Blvd GP 13</b>			Amount 50000	
City	State	Zip		
Tampa	FL	33606		
<b>D. Full Name of Donor</b> <b>James Finn</b>			<b>Date of Receipt</b> 10 11 2004	
Mailing Address of Donor <b>3801 Rocky Point Way</b>			Amount 100000	
City	State	Zip		
Santa Rosa	CA	95404		
<b>E. Full Name of Donor</b> <b>Gene Foster</b>			<b>Date of Receipt</b> 10 11 2004	
Mailing Address of Donor <b>435 Dockside Drive #401</b>			Amount 100000	
City	State	Zip		
Naples	LA	34110		
SUBTOTAL of Donations This Page (optional)			325000	
TOTAL This Person (last page this form OUTSIDE only) (carry total from next page to Line 9)			2040000	



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

<p><b>A.</b> Full Name of Donor richard fuisz</p> <p>Mailing Address of Donor 1127 langley lane</p> <p>City State Zip mclean VA 22101</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 250.00</p>
<p><b>B.</b> Full Name of Donor richard fuisz</p> <p>Mailing Address of Donor 1127 langley lane</p> <p>City State Zip mclean VA 22101</p>	<p>Date of Receipt 08 19 2004</p> <p>Amount 250.00</p>
<p><b>C.</b> Full Name of Donor Richard Fuisz</p> <p>Mailing Address of Donor 1127 Langley Lane</p> <p>City State Zip Mclean VA 22101</p>	<p>Date of Receipt 08 24 2002</p> <p>Amount 250.00</p>
<p><b>D.</b> Full Name of Donor richard fuisz</p> <p>Mailing Address of Donor 1127 langley lane</p> <p>City State Zip mclean VA 22101</p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 250.00</p>
<p><b>E.</b> Full Name of Donor richard fuisz</p> <p>Mailing Address of Donor 1127 langley lane</p> <p>City State Zip mclean VA 22101</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 100.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1100.00</p> <p>2150.00</p>

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

<p><b>A.</b> Full Name of Donor <b>Richard Gable</b></p> <p>Mailing Address of Donor <b>4515 Willard Ave., 2318</b></p> <p>City State Zip <b>Chevy Chase MD 20815</b></p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 5 000.00</p>
<p><b>B.</b> Full Name of Donor <b>lawrence gelman</b></p> <p>Mailing Address of Donor <b>3900 sundown dr</b></p> <p>City State Zip <b>Mcallen TX 76503</b></p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 000.00</p>
<p><b>C.</b> Full Name of Donor <b>richard gilliam</b></p> <p>Mailing Address of Donor <b>p.o. box 820</b></p> <p>City State Zip <b>keswick VA 22947</b></p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1 000.00</p>
<p><b>D.</b> Full Name of Donor <b>John Gioia</b></p> <p>Mailing Address of Donor <b>9524 Mount Vernon Landing</b></p> <p>City State Zip <b>Alexandria VA 22309</b></p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 2 500.00</p>
<p><b>E.</b> Full Name of Donor <b>John Gioia</b></p> <p>Mailing Address of Donor <b>9524 Mount Vernon Landing</b></p> <p>City State Zip <b>Alexandria VA 22309</b></p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 2 500.00</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶ 7 500.00</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ 2 900.00 (carry total from last page to line 9)</p>	

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

<p><b>A. Full Name of Donor</b> Jerry Glenn</p> <p>Mailing Address of Donor 54 Fairway Dr.</p> <p>City State Zip Southgate KY 41071</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 000 00</p>
<p><b>B. Full Name of Donor</b> Edward Gonzalez</p> <p>Mailing Address of Donor Four Times Square</p> <p>City State Zip New York NY 10036</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 2 500 00</p>
<p><b>C. Full Name of Donor</b> Edward Gonzalez</p> <p>Mailing Address of Donor Four Times Square, 31-400</p> <p>City State Zip New York NY 10036</p>	<p>Date of Receipt 08 10 2004</p> <p>Amount 2 500 00</p>
<p><b>D. Full Name of Donor</b> Edward E. Gonzalez</p> <p>Mailing Address of Donor Four Times Square, 31st Floor</p> <p>City State Zip New York NY 10036</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 1 000 00</p>
<p><b>E. Full Name of Donor</b> Oliver R Grace Jr</p> <p>Mailing Address of Donor 55 Brookville Road</p> <p>City State Zip Brookville NY 11545</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 5 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>3 000 00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 8)</p>	<p>3 200 00</p>

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

<p><b>A.</b> Full Name of Donor  <b>Billy Graham</b></p> <p>Mailing Address of Donor  <b>1550 Bay Street #209</b></p> <p>City State Zip  <b>San Francisco CA 94123</b></p>	<p>Date of Receipt                  M O Y                  1 0 1 1 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0</p>
<p><b>B.</b> Full Name of Donor  <b>Geof Greenberg</b></p> <p>Mailing Address of Donor  <b>208 Lester Ave.</b></p> <p>City State Zip  <b>Yakima WA 98902</b></p>	<p>Date of Receipt                  M O Y                  0 8 1 1 2 0 0 4</p> <p>Amount                  2 5 0 0 0 0</p>
<p><b>C.</b> Full Name of Donor  <b>Geoffrey Greenberg</b></p> <p>Mailing Address of Donor  <b>208 Lester Ave.</b></p> <p>City State Zip  <b>Yakima WA 98902</b></p>	<p>Date of Receipt                  M O Y                  1 0 1 1 2 0 0 4</p> <p>Amount                  2 5 0 0 0 0</p>
<p><b>D.</b> Full Name of Donor  <b>Geoffrey Greenberg</b></p> <p>Mailing Address of Donor  <b>208 Lester Ave.</b></p> <p>City State Zip  <b>Yakima WA 98902</b></p>	<p>Date of Receipt                  M O Y                  0 8 1 0 2 0 0 4</p> <p>Amount                  5 0 0 0 0 0</p>
<p><b>E.</b> Full Name of Donor  <b>Tom Gumprecht</b></p> <p>Mailing Address of Donor  <b>7445 S.E. 71st St</b></p> <p>City State Zip  <b>Mercer Island WA 98040</b></p>	<p>Date of Receipt                  M O Y                  1 0 1 1 2 0 0 4</p> <p>Amount                  5 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2 5 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶                  (carry total from last page to Line 9)</p>	<p>3 4 5 0 0 0 0</p>

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

<b>A. Full Name of Donor</b> James T. Hallett			<b>Date of Receipt</b> M M Y Y 1 0 0 0 2 0 0 4	
<b>Mailing Address of Donor</b> 2920 Devonhurst D			<b>Amount</b> 1 0 0 0 . 0 0	
<b>City</b> Gordonsville	<b>State</b> VA	<b>Zip</b> 22942		
<b>B. Full Name of Donor</b> Thomas J. Harris			<b>Date of Receipt</b> M M Y Y 1 0 0 0 2 0 0 4	
<b>Mailing Address of Donor</b> 200 West St			<b>Amount</b> 5 0 0 0 . 0 0	
<b>City</b> Mandeville	<b>State</b> LA	<b>Zip</b> 70448		
<b>C. Full Name of Donor</b> Thomas J. Harris			<b>Date of Receipt</b> M M Y Y 0 9 0 2 2 0 0 4	
<b>Mailing Address of Donor</b> 200 West St			<b>Amount</b> 5 0 0 0 . 0 0	
<b>City</b> Mandeville	<b>State</b> LA	<b>Zip</b> 70448		
<b>D. Full Name of Donor</b> Mark Hemstreet			<b>Date of Receipt</b> M M Y Y 1 0 0 0 2 0 0 4	
<b>Mailing Address of Donor</b> 11600 SW Shilo Lane			<b>Amount</b> 1 0 0 0 . 0 0	
<b>City</b> Portland	<b>State</b> OR	<b>Zip</b> 97225		
<b>E. Full Name of Donor</b> Thomas Herche			<b>Date of Receipt</b> M M Y Y 1 0 0 0 2 0 0 4	
<b>Mailing Address of Donor</b> P.O. Box 3637			<b>Amount</b> 1 0 0 0 . 0 0	
<b>City</b> Seattle	<b>State</b> WA	<b>Zip</b> 98124		
<b>SUBTOTAL of Contributions 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 9)			3 8 5 0 0 0 0 0	

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

<p><b>A. Full Name of Donor</b> <b>Roy Hinman</b></p> <p>Mailing Address of Donor <b>1099 A1A S.</b></p> <p>City State Zip <b>St. Augustine FL 32080</b></p>	<p>Date of Receipt 1 0 1 3 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> <b>Roy II Hinman</b></p> <p>Mailing Address of Donor <b>1099 A1A S.</b></p> <p>City State Zip <b>St. Augustine FL 32080</b></p>	<p>Date of Receipt 1 0 1 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> <b>David Hodgman</b></p> <p>Mailing Address of Donor <b>9645 Scranton Rd # 120</b></p> <p>City State Zip <b>San Diego CA 92121</b></p>	<p>Date of Receipt 1 0 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> <b>Ann Iverson</b></p> <p>Mailing Address of Donor <b>2902 West Lane Drive, Unit E</b></p> <p>City State Zip <b>Houston TX 77027</b></p>	<p>Date of Receipt 1 0 1 2 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> <b>Don Jacobson</b></p> <p>Mailing Address of Donor <b>115 Farm Road</b></p> <p>City State Zip <b>Woodside CA 94062</b></p>	<p>Date of Receipt 1 0 0 9 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶ 3 0 0 0 0 0</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ 4 1 5 0 0 0 (carry total from last page to Line 9)</p>	

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

<b>A. Full Name of Donor</b> <b>Don Jacobson</b>			<b>Date of Receipt</b> M M Y Y 0 8 1 9 2 0 0 4	
<b>Mailing Address of Donor</b> <b>115 Farm Road</b>			<b>Amount</b> 1 0 0 0 0	
<b>City</b> <b>Woodside</b>	<b>State</b> <b>CA</b>	<b>Zip</b> <b>94062</b>		
<b>B. Full Name of Donor</b> <b>Don Jacobson</b>			<b>Date of Receipt</b> M M Y Y 0 8 2 7 2 0 0 4	
<b>Mailing Address of Donor</b> <b>115 Farm Road</b>			<b>Amount</b> 2 5 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>Don Jacobson</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>115 Farm Road</b>			<b>Amount</b> 5 0 0 0 0	
<b>City</b> <b>Woodside</b>	<b>State</b> <b>CA</b>	<b>Zip</b> <b>94062</b>		
<b>D. Full Name of Donor</b> <b>Francis Janson</b>			<b>Date of Receipt</b> M M Y Y 0 9 0 2 2 0 0 4	
<b>Mailing Address of Donor</b> <b>1564 Stapler Dr</b>			<b>Amount</b> 5 0 0 0 0	
<b>City</b> <b>Yardley</b>	<b>State</b> <b>PA</b>	<b>Zip</b> <b>19067</b>		
<b>E. Full Name of Donor</b> <b>Francis Gerard Janson</b>			<b>Date of Receipt</b> M M Y Y 1 0 0 2 2 0 0 4	
<b>Mailing Address of Donor</b> <b>1564 Stapler Dr</b>			<b>Amount</b> 6 0 0 0 0	
<b>City</b> <b>Yardley</b>	<b>State</b> <b>PA</b>	<b>Zip</b> <b>19067</b>		
<b>SUBTOTAL of Donations This Page (optional)</b>			1 9 5 0 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 9)			4 3 4 5 0 0 0	

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

<p><b>A.</b> Full Name of Donor                      Mumford John</p> <p>Mailing Address of Donor                      2925 Woodside Road</p> <p>City State Zip                      Woodside CA 94062</p>	<p>Date of Receipt                      10 12 2004</p> <p>Amount                      2,500.00</p>
<p><b>B.</b> Full Name of Donor                      William H. Jones</p> <p>Mailing Address of Donor                      4131 Old Gun Rd E</p> <p>City State Zip                      Midlothian VA 23113</p>	<p>Date of Receipt                      10 08 2004</p> <p>Amount                      500.00</p>
<p><b>C.</b> Full Name of Donor                      William H. Jones</p> <p>Mailing Address of Donor                      4131 Old Gun Rd E</p> <p>City State Zip                      Midlothian VA 23113</p>	<p>Date of Receipt                      08 02 2004</p> <p>Amount                      500.00</p>
<p><b>D.</b> Full Name of Donor                      Thom Kitchens</p> <p>Mailing Address of Donor                      6908 35th Ave SW</p> <p>City State Zip                      Seattle WA 98126</p>	<p>Date of Receipt                      10 13 2004</p> <p>Amount                      1,000.00</p>
<p><b>E.</b> Full Name of Donor                      Mark Kroll</p> <p>Mailing Address of Donor                      493 Sinaloa Road</p> <p>City State Zip                      Simi Valley CA 93065</p>	<p>Date of Receipt                      10 10 2004</p> <p>Amount                      1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>5,500.00</p>
<p>TOTAL This Period (first page table line number only) ▶                      (carry total from last page to Line 9)</p>	<p>4,895.00</p>



**SCHEDULE D-A**

**Donation(s) Received**

<b>A. Full Name of Donor</b> <b>Ray Kubly</b>			<b>Date of Receipt</b> A U    M    Y Y Y Y 1 0    1 4    2 0 0 4		
<b>Mailing Address of Donor</b> <b>1112 7th Ave</b>			<b>Amount</b> ,    1 0 0 0 . 0 0		
<b>City</b> <b>Monroe</b>	<b>State</b> <b>WI</b>	<b>Zip</b> <b>53566</b>			
<b>B. Full Name of Donor</b> <b>michael lattin</b>			<b>Date of Receipt</b> A U    M    Y Y Y Y 1 0    1 0    2 0 0 4		
<b>Mailing Address of Donor</b> <b>3250 sundance dr</b>			<b>Amount</b> ,    1 0 0 0 . 0 0		
<b>City</b> <b>elko</b>	<b>State</b> <b>NV</b>	<b>Zip</b> <b>89601</b>			
<b>C. Full Name of Donor</b> <b>Michael Lattin</b>			<b>Date of Receipt</b> M U    M    Y Y Y Y 0 8    2 0    2 0 0 4		
<b>Mailing Address of Donor</b> <b>3250 Sundance Dr</b>			<b>Amount</b> ,    2 5 0 0 . 0 0		
<b>City</b> <b>Elko</b>	<b>State</b> <b>NV</b>	<b>Zip</b> <b>89601</b>			
<b>D. Full Name of Donor</b> <b>Kent Lillie</b>			<b>Date of Receipt</b> M U    M    Y Y Y Y 1 0    1 2    2 0 0 4		
<b>Mailing Address of Donor</b> <b>8033 Legend Creek Dr</b>			<b>Amount</b> ,    5 0 0 0 . 0 0		
<b>City</b> <b>Destin</b>	<b>State</b> <b>FL</b>	<b>Zip</b> <b>32550</b>			
<b>E. Full Name of Donor</b> <b>Kent Lillie</b>			<b>Date of Receipt</b> Y U    M    Y Y Y Y 0 8    1 8    2 0 0 4		
<b>Mailing Address of Donor</b> <b>8033 Legend Creek Dr</b>			<b>Amount</b> ,    5 0 0 0 . 0 0		
<b>City</b> <b>Destin</b>	<b>State</b> <b>FL</b>	<b>Zip</b> <b>32550</b>			
<b>SUBTOTAL of Donations This Page (optional)</b>			3 2 5 0 0 0		
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 9)			5 2 2 0 0 0		

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

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

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

<p><b>A.</b> Full Name of Donor <b>Richard Margolis</b></p> <p>Mailing Address of Donor <b>2910 Valmere Drive</b></p> <p>City State Zip <b>Malibu CA 90265</b></p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 50000</p>
<p><b>B.</b> Full Name of Donor <b>Richard Margolis</b></p> <p>Mailing Address of Donor <b>2910 Valmere Drive</b></p> <p>City State Zip <b>Malibu CA 90265</b></p>	<p>Date of Receipt 02 12 2004</p> <p>Amount 50000</p>
<p><b>C.</b> Full Name of Donor <b>Jonathan Mayhew</b></p> <p>Mailing Address of Donor <b>21 Holly Lane</b></p> <p>City State Zip <b>Darien CT 06820</b></p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 50000</p>
<p><b>D.</b> Full Name of Donor <b>Jonathan Mayhew</b></p> <p>Mailing Address of Donor <b>21 Holly Lane</b></p> <p>City State Zip <b>Darien CT 06820</b></p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 25000</p>
<p><b>E.</b> Full Name of Donor <b>Jonathan Mayhew</b></p> <p>Mailing Address of Donor <b>21 Holly Lane</b></p> <p>City State Zip <b>Darien CT 06820</b></p>	<p>Date of Receipt 08 09 2004</p> <p>Amount 25000</p>
<p>SUBTOTAL of Donations This Page (optional) &gt;</p>	<p>200000</p>
<p>TOTAL This Period (last page into the number only) &gt; (carry total from last page to Line #)</p>	<p>40020000</p>

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

PAGE 20 OF 51

<b>A. Full Name of Donor</b> paul mccarthy <hr/> <b>Mailing Address of Donor</b> 6316 S. Western <hr/> <b>City</b> <b>State</b> <b>Zip</b> Chicago                      IL                      60636	<b>Date of Receipt</b> 1 0    1 1    2 0 0 4 <hr/> <b>Amount</b> 1 0 0 0 0 0
<b>B. Full Name of Donor</b> Wilkes McClave <hr/> <b>Mailing Address of Donor</b> 27 Jingle Lane <hr/> <b>City</b> <b>State</b> <b>Zip</b> Bedford                      NY                      10506	<b>Date of Receipt</b> 1 0    1 0    2 0 0 4 <hr/> <b>Amount</b> 1 0 0 0 0 0
<b>C. Full Name of Donor</b> Charles H. McPherson <hr/> <b>Mailing Address of Donor</b> P.O. Box 902 <hr/> <b>City</b> <b>State</b> <b>Zip</b> Gig Harbour                      WA                      98335	<b>Date of Receipt</b> 1 0    1 2    2 0 0 4 <hr/> <b>Amount</b> 1 0 0 0 0 0
<b>D. Full Name of Donor</b> Jan menke <hr/> <b>Mailing Address of Donor</b> 1967 BAYVEIW DR <hr/> <b>City</b> <b>State</b> <b>Zip</b> TIERRA VERDE                      FL                      33715	<b>Date of Receipt</b> 1 0    1 4    2 0 0 4 <hr/> <b>Amount</b> 1 0 0 0 0 0
<b>E. Full Name of Donor</b> Victor Michael <hr/> <b>Mailing Address of Donor</b> 6807 Foxglove Drive <hr/> <b>City</b> <b>State</b> <b>Zip</b> Cheyenne                      WY                      82009	<b>Date of Receipt</b> 1 0    1 2    2 0 0 4 <hr/> <b>Amount</b> 1 0 0 0 0 0
<b>SUBTOTAL of Donations This Page (optional)</b> .....>	5 0 0 0 0 0
<b>TOTAL This Period (last page this line number only)</b> .....> (carry total from last page to Line 6)	4 1 1 2 0 0 0 0

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

<p><b>A.</b> Full Name of Donor <b>Victor Michael</b></p> <p>Mailing Address of Donor <b>6807 Foxglove Drive</b></p> <p>City State Zip <b>Cheyenne WY 82009</b></p>	<p>Date of Receipt 05 12 2004</p> <p>Amount 500.00</p>
<p><b>B.</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 09 11 2004</p> <p>Amount 1000.00</p>
<p><b>C.</b> Full Name of Donor <b>Stuart Millheiser</b></p> <p>Mailing Address of Donor <b>33761 Limerick Lane</b></p> <p>City State Zip <b>San Juan Capistrano CA 92675</b></p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 500.00</p>
<p><b>D.</b> Full Name of Donor <b>Stuart Millheiser</b></p> <p>Mailing Address of Donor <b>33761 Limerick Lane</b></p> <p>City State Zip <b>San Juan Capistrano CA 92675</b></p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 500.00</p>
<p><b>E.</b> Full Name of Donor <b>William Miner</b></p> <p>Mailing Address of Donor <b>3868 Bowers Drive</b></p> <p>City State Zip <b>Reno NV 89511</b></p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 2500.00</p>
<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>2750.00</p>
<p>TOTAL This Period (last page this line number only) .....</p> <p>(carry total from last page to Line 9)</p>	<p>413950.00</p>

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

<p><b>A.</b> Full Name of Donor <b>William Miner</b></p> <p>Mailing Address of Donor <b>3868 Bowers Drive</b></p> <p>City State Zip <b>Reno NV 89511</b></p>	<p>Date of Receipt 08 19 2004</p> <p>Amount 2 500 00</p>
<p><b>B.</b> Full Name of Donor <b>William Miner</b></p> <p>Mailing Address of Donor <b>3868 Bowers Drive</b></p> <p>City State Zip <b>Reno NV 89511</b></p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 2 500 00</p>
<p><b>C.</b> Full Name of Donor <b>William Miner</b></p> <p>Mailing Address of Donor <b>3868 Bowers Drive</b></p> <p>City State Zip <b>Reno NV 89511</b></p>	<p>Date of Receipt 08 01 2004</p> <p>Amount 2 500 00</p>
<p><b>D.</b> Full Name of Donor <b>Howard Mitnick</b></p> <p>Mailing Address of Donor <b>65 Madison Ave.</b></p> <p>City State Zip <b>Morristown NJ 07960</b></p>	<p>Date of Receipt 08 14 2004</p> <p>Amount 2 500 00</p>
<p><b>E.</b> Full Name of Donor <b>James Morrison</b></p> <p>Mailing Address of Donor <b>3722 91st Place SE</b></p> <p>City State Zip <b>Everett WA 98208</b></p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) <span style="float: right;">2 000 00</span></p>	
<p>TOTAL This Period (last page this line number only) <span style="float: right;">4 159 50 00</span> (copy total from last page to Line 9)</p>	

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

<p><b>A.</b> Full Name of Donor <b>mary movick</b></p> <p>Mailing Address of Donor <b>157 cottonwood</b></p> <p>City State Zip <b>coppell TX 75019</b></p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1,000.00</p>
<p><b>B.</b> Full Name of Donor <b>neil mulligan</b></p> <p>Mailing Address of Donor <b>339 25TH STREET</b></p> <p>City State Zip <b>va beach VA 23451</b></p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 1,000.00</p>
<p><b>C.</b> Full Name of Donor <b>James Nelson</b></p> <p>Mailing Address of Donor <b>1854 ALTA VISTA DR</b></p> <p>City State Zip <b>ROSEVILLE MN 55113</b></p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 1,000.00</p>
<p><b>D.</b> Full Name of Donor <b>John Nelson</b></p> <p>Mailing Address of Donor <b>1205 Johnson Street</b></p> <p>City State Zip <b>Menlo Park CA 94025</b></p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 500.00</p>
<p><b>E.</b> Full Name of Donor <b>John Nelson</b></p> <p>Mailing Address of Donor <b>1205 Johnson Street</b></p> <p>City State Zip <b>Menlo Park CA 94025</b></p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 2,500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2,850.00</p>
<p>TOTAL This Period (last page 59a line number only) ▶ (carry total from last page to Line 9)</p>	<p>4,188.00</p>

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

<b>A. Full Name of Donor</b> <b>John Nelson</b>			<b>Date of Receipt</b> 0 9 1 6 2 0 0 4	
Mailing Address of Donor <b>1205 Johnson Street</b>			Amount 2 5 0 0 0	
City <b>Menlo Park</b>	State <b>CA</b>	Zip <b>94025</b>		
<b>B. Full Name of Donor</b> <b>G. Mason Oberlin</b>			<b>Date of Receipt</b> 1 0 0 9 2 0 0 4	
Mailing Address of Donor <b>48 Duck Cove Cir</b>			Amount 1 0 0 0 0	
City <b>Berlin</b>	State <b>MD</b>	Zip <b>21811</b>		
<b>C. Full Name of Donor</b> <b>William F Odom Jr</b>			<b>Date of Receipt</b> 1 0 1 4 2 0 0 4	
Mailing Address of Donor <b>229 Deerwood Drive</b>			Amount 2 5 0 0 0	
City <b>Huddleston</b>	State <b>VA</b>	Zip <b>24104</b>		
<b>D. Full Name of Donor</b> <b>Doris Orr</b>			<b>Date of Receipt</b> 1 0 1 0 2 0 0 4	
Mailing Address of Donor <b>13911 SE 47th Street</b>			Amount 1 0 0 0 0 0	
City <b>Bellevue</b>	State <b>WA</b>	Zip <b>98006</b>		
<b>E. Full Name of Donor</b> <b>Mary Walton Percy</b>			<b>Date of Receipt</b> 1 0 1 1 2 0 0 4	
Mailing Address of Donor <b>3146 Thomas Ave</b>			Amount 5 0 0 0 0	
City <b>Montgomery</b>	State <b>AL</b>	Zip <b>36106</b>		
<b>SUBTOTAL of Donations This Page (optional)</b>			2 1 0 0 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 5)			4 2 0 9 0 0 0 0	



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

<p><b>A.</b> Full Name of Donor <b>Mary Walton Percy</b></p> <p>Mailing Address of Donor <b>3146 Thomas Ave</b></p> <p>City State Zip <b>Montgomery AL 36106</b></p>	<p>Date of Receipt 06 20 2004</p> <p>Amount 25000</p>
<p><b>B.</b> Full Name of Donor <b>Mary Walton Percy</b></p> <p>Mailing Address of Donor <b>3146 Thomas Ave</b></p> <p>City State Zip <b>Montgomery AL 36106</b></p>	<p>Date of Receipt 09 24 2004</p> <p>Amount 50000</p>
<p><b>C.</b> Full Name of Donor <b>April Perry</b></p> <p>Mailing Address of Donor <b>2205 Pembroke Place</b></p> <p>City State Zip <b>Denton TX 76205</b></p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 50000</p>
<p><b>D.</b> Full Name of Donor <b>April Perry</b></p> <p>Mailing Address of Donor <b>2205 Pembroke Place</b></p> <p>City State Zip <b>Denton TX 76205</b></p>	<p>Date of Receipt 06 20 2004</p> <p>Amount 50000</p>
<p><b>E.</b> Full Name of Donor <b>Bob 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 10 12 2004</p> <p>Amount 45000000</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 over from last page to Line 5)</p>	<p>45175000</p> <p>87285000</p>

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

<p><b>A.</b> Full Name of Donor <b>Bob 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 1 0 1 3 2 0 0 4</p> <p>Amount 5 0 0 0 0 0 0 0</p>
<p><b>B.</b> Full Name of Donor <b>Bob 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 1 0 1 2 2 0 0 4</p> <p>Amount 5 0 0 0 0 0 0 0</p>
<p><b>C.</b> Full Name of Donor <b>Trent Pettijohn</b></p> <p>Mailing Address of Donor <b>6400 Harrods Court</b></p> <p>City State Zip <b>Plano TX 75024</b></p>	<p>Date of Receipt 1 0 1 2 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>D.</b> Full Name of Donor <b>Trent Pettijohn</b></p> <p>Mailing Address of Donor <b>6400 Harrods Court</b></p> <p>City State Zip <b>Plano TX 75024</b></p>	<p>Date of Receipt 0 0 0 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>E.</b> Full Name of Donor <b>Jim Phillips</b></p> <p>Mailing Address of Donor <b>101 Bull Street</b></p> <p>City State Zip <b>Charleston SC 29401</b></p>	<p>Date of Receipt 1 0 1 1 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) ▶ (carry over from last page to Line 5)</p>	<p>1 0 0 2 0 0 0 0 0</p> <p>1 8 7 4 6 5 0 0 0</p>

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

<p><b>A.</b> Full Name of Donor <b>abe podolsky</b></p> <p>Mailing Address of Donor <b>4815 avenue N</b></p> <p>City State Zip <b>brooklyn NY 11234</b></p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 1,000.00</p>
<p><b>B.</b> Full Name of Donor <b>ABRAHAM PODOLSKY</b></p> <p>Mailing Address of Donor <b>4815 AVENUE N</b></p> <p>City State Zip <b>BROOKLYN NY 11234</b></p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1,000.00</p>
<p><b>C.</b> Full Name of Donor <b>ABRAHAM PODOLSKY</b></p> <p>Mailing Address of Donor <b>4815 AVENUE N</b></p> <p>City State Zip <b>BROOKLYN NY 11234</b></p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 500.00</p>
<p><b>D.</b> Full Name of Donor <b>Frank Price</b></p> <p>Mailing Address of Donor <b>527 Spoleto Drive</b></p> <p>City State Zip <b>Pacific Palisades CA 90272</b></p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 500.00</p>
<p><b>E.</b> Full Name of Donor <b>Philip Propper</b></p> <p>Mailing Address of Donor <b>4545 La Granada Way</b></p> <p>City State Zip <b>La Canada CA 91011</b></p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>4,000.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to line 9)</p>	<p>1,878.65</p>

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

<p><b>A.</b> Full Name of Donor <b>Barry Relinger</b></p> <p>Mailing Address of Donor <b>35 Duck La.</b></p> <p>City State Zip <b>West Islip NY 11795</b></p>	<p>Date of Receipt 1 0 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>B.</b> Full Name of Donor <b>Barry Relinger</b></p> <p>Mailing Address of Donor <b>35 Duck La.</b></p> <p>City State Zip <b>West Islip NY 11795</b></p>	<p>Date of Receipt 0 8 2 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>C.</b> Full Name of Donor <b>Edward Reske</b></p> <p>Mailing Address of Donor <b>1004 Sharpsburg Dr., S.E.</b></p> <p>City State Zip <b>Huntsville AL 35803</b></p>	<p>Date of Receipt 1 0 1 4 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p><b>D.</b> Full Name of Donor <b>Paul Reynolds</b></p> <p>Mailing Address of Donor <b>5368 fredericksburg rd.</b></p> <p>City State Zip <b>San Antonio TX 78229</b></p>	<p>Date of Receipt 1 0 1 4 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p><b>E.</b> Full Name of Donor <b>Jeff Rhodes</b></p> <p>Mailing Address of Donor <b>3643 Laurel Ridge</b></p> <p>City State Zip <b>Springdale AR 72764</b></p>	<p>Date of Receipt 1 0 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (uplicate) ▶</p>	<p>7 5 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry over from last page to L215 9)</p>	<p>1 8 8 5 7 5 0 0 0</p>

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

<b>A. Full Name of Donor</b> <b>Augusta Roddis</b>			<b>Date of Receipt</b> 10 09 2004	
Mailing Address of Donor <b>1108 E 4th St</b>			Amount <b>5,000.00</b>	
City	State	Zip		
<b>Marshfield</b>	<b>WI</b>	<b>54449</b>		
<b>B. Full Name of Donor</b> <b>James Rose</b>			<b>Date of Receipt</b> 10 14 2004	
Mailing Address of Donor <b>3567 Rockybar Hollow Lane</b>			Amount <b>2,500.00</b>	
City	State	Zip		
<b>Free Union</b>	<b>VA</b>	<b>22940</b>		
<b>C. Full Name of Donor</b> <b>Michael J. Ross</b>			<b>Date of Receipt</b> 10 08 2004	
Mailing Address of Donor <b>12826 Dubon Ln</b>			Amount <b>5,000.00</b>	
City	State	Zip		
<b>Saint Louis</b>	<b>MO</b>	<b>63131</b>		
<b>D. Full Name of Donor</b> <b>Michael J. Ross</b>			<b>Date of Receipt</b> 09 02 2004	
Mailing Address of Donor <b>12826 Dubon Ln</b>			Amount <b>5,000.00</b>	
City	State	Zip		
<b>Saint Louis</b>	<b>MO</b>	<b>63131</b>		
<b>E. Full Name of Donor</b> <b>Adrian O. Rule III</b>			<b>Date of Receipt</b> 10 08 2004	
Mailing Address of Donor <b>90 Pheasant Run</b>			Amount <b>2,500.00</b>	
City	State	Zip		
<b>Chagrin Falls</b>	<b>OH</b>	<b>44022</b>		
SUBTOTAL of Donations This Page (optional) .....			<b>11,000.00</b>	
TOTAL This Period (last page this line number only) ..... (carry total from last page to Line 9)			<b>18,967.50</b>	

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

<b>A. Full Name of Donor</b> Adrian O. Rule III			Date of Receipt M O N T H Y 0 8 2 2 2 0 0 4	
Mailing Address of Donor 90 Pheasant Run			Amount 1 0 0 0 0	
City	State	Zip		
Chagrin Falls	OH	44022		
<b>B. Full Name of Donor</b> Earl Rupp			Date of Receipt M O N T H Y 1 0 0 9 2 0 0 4	
Mailing Address of Donor 1495 E 14th St			Amount 4 7 5 0 0	
City	State	Zip		
San Leandro	CA	94577		
<b>C. Full Name of Donor</b> Earl Rupp			Date of Receipt M O N T H Y 0 8 0 2 2 0 0 4	
Mailing Address of Donor 1495 E 14th St			Amount 5 2 5 0 0	
City	State	Zip		
San Leandro	CA	94577		
<b>D. Full Name of Donor</b> James Russell			Date of Receipt M O N T H Y 1 0 0 9 2 0 0 4	
Mailing Address of Donor 1820 NE 104th Ave, Apt 66			Amount 5 0 0 0 0	
City	State	Zip		
Portland	OR	97220		
<b>E. Full Name of Donor</b> James Russell			Date of Receipt M O N T H Y 0 8 0 2 2 0 0 4	
Mailing Address of Donor 1820 NE 104th Ave Apt 66			Amount 2 0 0 0 0	
City	State	Zip		
Portland	OR	97220		

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

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

<b>A. Full Name of Donor</b> <b>James Russell</b>			<b>Date of Receipt</b> 09 03 2004	
<b>Mailing Address of Donor</b> <b>1820 NE 104th Ave Apt 66</b>			<b>Amount</b> 50000	
<b>City</b> <b>Portland</b>	<b>State</b> <b>OR</b>	<b>Zip</b> <b>97220</b>		
<b>B. Full Name of Donor</b> <b>George Salmas</b>			<b>Date of Receipt</b> 10 14 2004	
<b>Mailing Address of Donor</b> <b>1880 Century Park East</b>			<b>Amount</b> 25000	
<b>City</b> <b>Los Angeles</b>	<b>State</b> <b>CA</b>	<b>Zip</b> <b>90067</b>		
<b>C. Full Name of Donor</b> <b>George Salmas</b>			<b>Date of Receipt</b> 08 18 2004	
<b>Mailing Address of Donor</b> <b>1880 Century Park East, Suite 420</b>			<b>Amount</b> 50000	
<b>City</b> <b>Los Angeles</b>	<b>State</b> <b>CA</b>	<b>Zip</b> <b>90067</b>		
<b>D. Full Name of Donor</b> <b>George Salmas</b>			<b>Date of Receipt</b> 09 09 2004	
<b>Mailing Address of Donor</b> <b>1880 Century Park East, Suite 420</b>			<b>Amount</b> 25000	
<b>City</b> <b>Los Angeles</b>	<b>State</b> <b>CA</b>	<b>Zip</b> <b>90067</b>		
<b>E. Full Name of Donor</b> <b>Mesheli Schloss</b>			<b>Date of Receipt</b> 10 18 2004	
<b>Mailing Address of Donor</b> <b>10308 Bayless Lane</b>			<b>Amount</b> 250000	
<b>City</b> <b>Fort Wayne</b>	<b>State</b> <b>IN</b>	<b>Zip</b> <b>46804</b>		
<b>SUBTOTAL of Donations This Page (optional)</b>			400000	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 5)			190255000	

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

<p><b>A.</b> Full Name of Donor <b>Meshell Schloss</b></p> <p>Mailing Address of Donor <b>10308 Bayless Lane</b></p> <p>City State Zip <b>Fort Wayne IN 46804</b></p>	<p>Date of Receipt 09 29 2004</p> <p>Amount 50000</p>
<p><b>B.</b> Full Name of Donor <b>Wilfred Schuermann</b></p> <p>Mailing Address of Donor <b>1450A Tucker Road</b></p> <p>City State Zip <b>Hood River OR 97031</b></p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 50000</p>
<p><b>C.</b> Full Name of Donor <b>Wilfred Schuermann</b></p> <p>Mailing Address of Donor <b>1450A Tucker Road</b></p> <p>City State Zip <b>Hood River OR 97031</b></p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 50000</p>
<p><b>D.</b> Full Name of Donor <b>Paul Schulstad</b></p> <p>Mailing Address of Donor <b>20 Eckert Farm Road</b></p> <p>City State Zip <b>Saddle River NJ 07458</b></p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 50000</p>
<p><b>E.</b> Full Name of Donor <b>Stace Sewell</b></p> <p>Mailing Address of Donor <b>7035 Bremerton</b></p> <p>City State Zip <b>Dallas TX 75252</b></p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>250000</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>190505000</p>



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

<p><b>A. Full Name of Donor</b> Stace Sewell</p> <hr/> <p>Mailing Address of Donor 7035 Bremerton</p> <hr/> <p>City State Zip Dallas TX 75252</p>	<p>Date of Receipt 08 26 2004</p> <p>Amount 50000</p>
<p><b>B. Full Name of Donor</b> Terry Shaftel</p> <hr/> <p>Mailing Address of Donor 32 walnut Avenue</p> <hr/> <p>City State Zip Los gatos CA 95030</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 50000</p>
<p><b>C. Full Name of Donor</b> Terry Shaftel</p> <hr/> <p>Mailing Address of Donor 32 Walnut Avenue</p> <hr/> <p>City State Zip Los Gatos CA 95030</p>	<p>Date of Receipt 08 27 2004</p> <p>Amount 50000</p>
<p><b>D. Full Name of Donor</b> Thomas Shanahan</p> <hr/> <p>Mailing Address of Donor 100 Manzanita Way</p> <hr/> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 50000</p>
<p><b>E. Full Name of Donor</b> David Shemwell</p> <hr/> <p>Mailing Address of Donor 535 36th Ave E</p> <hr/> <p>City State Zip Seattle WA 98112</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 100000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ..... ▶ 300000</p>	
<p><b>TOTAL This Period (last page this line number only)</b> ..... ▶ 190805000 (carry total from last page to Line 9)</p>	

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

<p><b>A. Full Name of Donor</b>  <b>Aivin Sherman</b></p> <hr/> <p>Mailing Address of Donor  <b>3000 Island Blvd</b></p> <hr/> <p>City State Zip  <b>Aventura FL 33160</b></p>	<p>Date of Receipt            1 0 0 9 2 0 0 4</p> <p>Amount            5 0 0 0 0</p>
<p><b>B. Full Name of Donor</b>  <b>Aivin Sherman</b></p> <hr/> <p>Mailing Address of Donor  <b>3000 Island Blvd</b></p> <hr/> <p>City State Zip  <b>Aventura FL 33160</b></p>	<p>Date of Receipt            0 8 2 2 2 0 0 4</p> <p>Amount            5 0 0 0 0</p>
<p><b>C. Full Name of Donor</b>  <b>ALVIN SHERMAN</b></p> <hr/> <p>Mailing Address of Donor  <b>3000 ISLAND BLVD</b></p> <hr/> <p>City State Zip  <b>AVENTURA FL 33160</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>D. Full Name of Donor</b>  <b>Lee Solaroli</b></p> <hr/> <p>Mailing Address of Donor  <b>c/o Starrex, Inc. 750 Main Street, P.O.</b></p> <hr/> <p>City State Zip  <b>Warren MA 01083</b></p>	<p>Date of Receipt            1 0 1 2 2 0 0 4</p> <p>Amount            1 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b>  <b>Peter Stent</b></p> <hr/> <p>Mailing Address of Donor  <b>170 Jossetyn Ln</b></p> <hr/> <p>City State Zip  <b>Woodside CA 94062</b></p>	<p>Date of Receipt            1 0 1 2 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>3 2 5 0 0 0</p>
<p><b>TOTAL</b> This Period (see page this line number only) ▶            (carry total from last page to Line 9)</p>	<p>1 9 1 3 0 0 0 0</p>

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

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

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

<p><b>A. Full Name of Donor</b>  <b>C. Phillip Tholen</b></p> <p>Mailing Address of Donor  <b>4203 East 75th Place</b></p> <p>City State Zip  <b>Tulsa OK 74136</b></p>	<p>Date of Receipt                  Y M D                  1 0 1 4 2 0 0 4</p> <p>Amount                  5 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b>  <b>Paul Thomas</b></p> <p>Mailing Address of Donor  <b>PO Box 11085</b></p> <p>City State Zip  <b>Truckee CA 96162</b></p>	<p>Date of Receipt                  Y M D                  1 0 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>M Ray Thomasson</b></p> <p>Mailing Address of Donor  <b>1410 High Street</b></p> <p>City State Zip  <b>Denver CO 80218</b></p>	<p>Date of Receipt                  Y M D                  1 0 1 3 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b>  <b>Arthur H. Tiger</b></p> <p>Mailing Address of Donor  <b>8 Glenbrook Dr</b></p> <p>City State Zip  <b>Mendham NJ 07945</b></p>	<p>Date of Receipt                  Y M D                  1 0 0 9 2 0 0 4</p> <p>Amount                  5 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b>  <b>Norman Traverse</b></p> <p>Mailing Address of Donor  <b>1744 South Ocean Blvd</b></p> <p>City State Zip  <b>Palm Beach FL 33480</b></p>	<p>Date of Receipt                  Y M D                  1 0 1 3 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0</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 (first page this line number only)</b> ▶                  (carry total from last page to Line 9)</p>	<p>1 9 6 6 9 0 0 0 0</p>

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

<b>A. Full Name of Donor</b> <b>Donald Tucker</b>			<b>Date of Receipt</b> 0 8 0 3 2 0 0 4	
Mailing Address of Donor <b>6406 W Halbert Rd</b>			<b>Amount</b> 5 0 0 0 0	
City <b>Bethesda</b>	State <b>MD</b>	Zip <b>20817</b>		
<b>B. Full Name of Donor</b> <b>Donald and Karen Tucker</b>			<b>Date of Receipt</b> 0 8 0 3 1 2 0 0 4	
Mailing Address of Donor <b>6406 West Halbert Rd.</b>			<b>Amount</b> 5 0 0 0 0	
City <b>Bethesda</b>	State <b>MD</b>	Zip <b>20817</b>		
<b>C. Full Name of Donor</b> <b>Michael Valentine</b>			<b>Date of Receipt</b> 1 0 1 1 2 0 0 4	
Mailing Address of Donor <b>1861 Dexter Avenue</b>			<b>Amount</b> 2 5 0 0 0 0	
City <b>Cincinnati</b>	State <b>OH</b>	Zip <b>45206</b>		
<b>D. Full Name of Donor</b> <b>cynthia vier</b>			<b>Date of Receipt</b> 1 0 1 4 2 0 0 4	
Mailing Address of Donor <b>7606 W 99th Ter</b>			<b>Amount</b> 1 0 0 0 0 0	
City <b>Overland Park</b>	State <b>KS</b>	Zip <b>66212</b>		
<b>E. Full Name of Donor</b> <b>Gary L Waddington</b>			<b>Date of Receipt</b> 1 0 1 2 2 0 0 4	
Mailing Address of Donor <b>11476 East Desert Troon Lane</b>			<b>Amount</b> 1 0 0 0 0 0	
City <b>Scottsdale</b>	State <b>AZ</b>	Zip <b>85255</b>		
<b>SUBTOTAL of Donations This Page (optional)</b>			5 5 0 0 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 9)			1 9 7 2 4 0 0 0 0	

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

<b>A. Full Name of Donor</b> <b>Beth Wade</b>			<b>Date of Receipt</b> 1 0 1 4 2 0 0 4	
Mailing Address of Donor <b>1112 Park Avenue, #9A</b>			Amount <b>2 5 0 0 0 0</b>	
City <b>New York</b>	State <b>NY</b>	Zip <b>10128</b>		
<b>B. Full Name of Donor</b> <b>Robert T. Walsh</b>			<b>Date of Receipt</b> 1 0 1 2 2 0 0 4	
Mailing Address of Donor <b>136 Smithfield Ct.</b>			Amount <b>1 0 0 0 0 0 0 0</b>	
City <b>Basking Ridge</b>	State <b>NJ</b>	Zip <b>07920</b>		
<b>C. Full Name of Donor</b> <b>Roy Weiland</b>			<b>Date of Receipt</b> 1 0 1 0 2 0 0 4	
Mailing Address of Donor <b>18 Rolling Hill Court</b>			Amount <b>5 0 0 0 0 0</b>	
City <b>Madison</b>	State <b>NJ</b>	Zip <b>07940</b>		
<b>D. Full Name of Donor</b> <b>Roy Weiland</b>			<b>Date of Receipt</b> 0 5 3 1 2 0 0 4	
Mailing Address of Donor <b>18 Rolling Hill Court</b>			Amount <b>5 0 0 0 0 0</b>	
City <b>Madison</b>	State <b>NJ</b>	Zip <b>07940</b>		
<b>E. Full Name of Donor</b> <b>Billy Wilks</b>			<b>Date of Receipt</b> 1 0 0 9 2 0 0 4	
Mailing Address of Donor <b>9136 Heather Lane</b>			Amount <b>5 0 0 0 0 0</b>	
City <b>Moss Point</b>	State <b>MS</b>	Zip <b>39562</b>		
<b>SUBTOTAL of Donations This Page (optional)</b>			<b>1 4 0 0 0 0 0 0</b>	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 9)			<b>1 9 8 6 4 0 0 0 0</b>	

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

<b>A. Full Name of Donor</b> billy wilks			Date of Receipt M O Y 0 8 2 4 2 0 0 4	
Mailing Address of Donor 9136 heather ln			Amount 5 0 0 0 0	
City	State	Zip		
moss point	MS	39562		
<b>B. Full Name of Donor</b> Edward Wnorowski, Jr.			Date of Receipt M O Y 1 0 1 4 2 0 0 4	
Mailing Address of Donor 11307 River Knoll Drive			Amount 5 0 0 0 0	
City	State	Zip		
Jacksonville	FL	32225		
<b>C. Full Name of Donor</b> Edward Wnorowski, Jr.			Date of Receipt M O Y 0 8 2 4 2 0 0 4	
Mailing Address of Donor 11307 River Knoll Drive			Amount 5 0 0 0 0	
City	State	Zip		
Jacksonville	FL	32225		
<b>D. Full Name of Donor</b> Taras Wolansky			Date of Receipt M O Y 1 0 1 3 2 0 0 4	
Mailing Address of Donor 400 Willow Tree Rd.			Amount 5 0 0 0 0	
City	State	Zip		
Leonia	NJ	07605		
<b>E. Full Name of Donor</b> Taras Wolansky			Date of Receipt M O Y 0 8 2 4 2 0 0 4	
Mailing Address of Donor 400 Willow Tree Rd.			Amount 5 0 0 0 0	
City	State	Zip		
Leonia	NJ	07605		

SUBTOTAL of Donations This Page (optional)	2 5 0 0 0 0
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	1 9 8 8 9 0 0 0 0

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

<p><b>A. Full Name of Donor</b>  <b>Robert Woodings</b></p> <p>Mailing Address of Donor  <b>6 Meadowood Drive</b></p> <p>City State Zip  <b>Pittsburgh PA 15215</b></p>	<p>Date of Receipt                  1 0 1 1 2 0 0 4</p> <p>Amount                  2 5 0 0 0 0</p>
<p><b>B. Full Name of Donor</b>  <b>William Young</b></p> <p>Mailing Address of Donor  <b>10 Eliot Road</b></p> <p>City State Zip  <b>Lexington MA 02421</b></p>	<p>Date of Receipt                  1 0 1 4 2 0 0 4</p> <p>Amount                  5 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b>  <b>Robert Zoeller</b></p> <p>Mailing Address of Donor  <b>1909 Elmore St</b></p> <p>City State Zip  <b>Louisville KY 40216</b></p>	<p>Date of Receipt                  1 0 1 2 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0</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</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</p> <p>Amount</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>4 0 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>1 9 9 2 0 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>Chris LaCivita Consulting</b>				<b>Date of Disbursement or Obligation</b> 0 9 2 9 2 0 0 4	
<b>Mailing Address of Payee</b> 13604 Timberlake Court				<b>Amount</b> 3,333.00	
<b>City</b> Midlothian	<b>State</b> VA	<b>Zip Code</b> 23311			
<b>Name of Employer</b> _____			<b>Occupation</b> _____		
<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 checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<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> _____ <b>District:</b> _____	<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> _____ <b>District:</b> _____	<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> <b>Mentzer Media Services</b>				<b>Date of Disbursement or Obligation</b> 1 0 1 3 2 0 0 4	
<b>Mailing Address of Payee</b> 600 Fairmount Avenue, Suite 306				<b>Amount</b> 1,713.89	
<b>City</b> Towson	<b>State</b> MD	<b>Zip Code</b> 21286			
<b>Name of Employer</b> _____			<b>Occupation</b> _____		
<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 type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<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> _____ <b>District:</b> _____	<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> _____ <b>District:</b> _____	<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>				1,747.0289	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				1,747.0289	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> KOAT-TV			<b>Date of Disbursement or Obligation</b> 1 0 / 1 3 / 2 0 0 4	
<b>Mailing Address of Payee</b> 3804 Carlisle NE			<b>Amount</b> , 1 2 0 , 7 6 8 . 0 0	
<b>City</b> Albuquerque	<b>State</b> NM	<b>Zip Code</b> 87125	<b>Communication Date</b> 1 0 / 1 4 / 2 0 0 4	
<b>Name of Employer</b> _____			<b>Occupation</b> _____	

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> _____ <b>District:</b> _____	<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> _____ <b>District:</b> _____	<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> _____ <b>District:</b> _____	<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> KOB-TV			<b>Date of Disbursement or Obligation</b> 1 0 / 1 5 / 2 0 0 4	
<b>Mailing Address of Payee</b> 4 Broadcast Plaza SW			<b>Amount</b> , 8 6 , 1 9 0 . 0 0	
<b>City</b> Albuquerque	<b>State</b> NM	<b>Zip Code</b> 87103	<b>Communication Date</b> 1 0 / 1 4 / 2 0 0 4	
<b>Name of Employer</b> _____			<b>Occupation</b> _____	

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> _____ <b>District:</b> _____	<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> _____ <b>District:</b> _____	<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> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

2 0 6 9 5 8 0 0

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

3 8 1 8 6 6 8 9

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> KASA-TV				Date of Disbursement or Obligation 1 0 1 3 2 0 0 4			
Mailing Address of Payee 1377 University Blvd NE				Amount 2 8 4 7 5 0 0			
City Albuquerque		State NM		Zip Code 97102		Communication Date 1 0 1 4 2 0 0 4	
Name of Employer		Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WCPO-TV				Date of Disbursement or Obligation 1 0 1 3 2 0 0 4			
Mailing Address of Payee 1720 Gilbert Avenue				Amount 1 7 5 7 8 0 0 0			
City Cincinnati		State OH		Zip Code 45202		Communication Date 1 0 1 4 2 0 0 4	
Name of Employer		Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>						2 0 4 2 5 5 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)						5 8 5 9 1 5 8 9	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WKRC-TV				Date of Disbursement or Obligation 1 0 1 3 2 0 0 4	
Mailing Address of Payee 1906 Highland Avenue				Amount 3 7 7 4 0 0 0	
City Cincinnati		State OH	Zip Code 45219		Communication Date 1 0 1 3 2 0 0 4
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry		Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WLWT-TV				Date of Disbursement or Obligation 1 0 1 5 2 0 0 4	
Mailing Address of Payee 1700 Young Street				Amount 1 6 4 9 8 5 0 0	
City Cincinnati		State OH	Zip Code 45202		Communication Date 1 0 1 5 2 0 0 4
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry		Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				2 0 2 7 2 5 0 0	
TOTAL This Period (set page this box number only) ▶ (carry total from last page to Line 10)				7 8 8 6 4 0 8 9	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WXIX-TV			Date of Disbursement or Obligation 1 0 / 1 3 / 2 0 0 4	
Mailing Address of Payee 635 West 7th Street			Amount 3 5 8 7 0 0 0	
City Cincinnati	State OH	Zip Code 45203	Communication Date 1 0 / 1 4 / 2 0 0 4	
Name of Employer Occupation				

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

**Media Buy**

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

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WEWS-TV			Date of Disbursement or Obligation 1 0 / 1 3 / 2 0 0 4	
Mailing Address of Payee 3001 Euclid Avenue			Amount 6 1 2 0 0 0 0	
City Cleveland	State OH	Zip Code 44115	Communication Date 1 0 / 1 4 / 2 0 0 4	
Name of Employer Occupation				

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

**Media Buy**

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

SUBTOTAL of Disbursements/Obligations This Page (optional) .....	9 7 0 7 0 0 0
TOTAL This Period (last page this line number only) .....	8 8 5 7 1 0 9 9
(carry total from last page to Line 10)	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WJWV-TV				<b>Date of Disbursement or Obligation</b> 1 0 1 3 2 0 0 4			
<b>Billing Address of Payee</b> 5800 South Marginal Road				<b>Amount</b> 3 6 4 6 5 0 0			
<b>City</b> Cleveland		<b>State</b> OH		<b>Zip Code</b> 44103		<b>Contribution Date</b> 1 0 1 3 2 0 0 4	
<b>Name of Employer</b> _____				<b>Occupation</b> _____			
<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>State:</b> _____ <b>District:</b> _____		<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> _____ <b>District:</b> _____		<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> _____ <b>District:</b> _____		<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> WKYC-TV				<b>Date of Disbursement or Obligation</b> 1 0 1 3 2 0 0 4			
<b>Billing Address of Payee</b> 1333 Lakeside Avenue				<b>Amount</b> 8 4 3 2 0 0 0			
<b>City</b> Cleveland		<b>State</b> OH		<b>Zip Code</b> 44114		<b>Contribution Date</b> 1 0 1 3 2 0 0 4	
<b>Name of Employer</b> _____				<b>Occupation</b> _____			
<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>State:</b> _____ <b>District:</b> _____		<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> _____ <b>District:</b> _____		<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> _____ <b>District:</b> _____		<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 0 7 8 5 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)						1 0 0 6 4 9 5 8 9	

**SCHEDULE B-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WOIO-TV				Date of Disbursement or Obligation 1 0 1 3 2 0 0 4	
Mailing Address of Payee 1717 East 12th Street				Amount 5 9 5 0 0 0 0	
City Cleveland	State OH	Zip Code 44114			
Name of Employer Occupation			Communication Date 1 0 1 4 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	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WBNS-TV				Date of Disbursement or Obligation 1 0 1 3 2 0 0 4	
Mailing Address of Payee 770 Twin Rivers Drive				Amount 7 5 8 2 0 0 0	
City Columbus	State OH	Zip Code 43215			
Name of Employer Occupation			Communication Date 1 0 1 4 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	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				1 3 5 3 2 0 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				1 1 4 1 8 1 5 6 9	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WCMH-TV				Date of Disbursement or Obligation 1 0 1 3 2 0 0 4			
Mailing Address of Payee 3165 Gientangy River Road				Amount 6 4 5 1 5 0 0			
City Columbus		State OH		Zip Code 43202		Contribution Date 1 0 1 4 2 0 0 4	
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WSYX-TV				Date of Disbursement or Obligation 1 0 1 3 2 0 0 4			
Mailing Address of Payee 1261 Dublin Road				Amount 2 1 6 8 3 5 0			
City Columbus		State OH		Zip Code 43215		Contribution Date 1 0 1 4 2 0 0 4	
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>						8 6 1 9 8 5 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)						1 2 2 6 0 1 4 3 9	



**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WTTE-TV				<b>Date of Disbursement or Obligation</b> 1 0 1 3 2 0 0 4			
Mailing Address of Payee 1261 Dublin Road				Amount 5,100.00			
City Columbus		State OH		Zip Code 43215		Communication Date 1 0 1 4 2 0 0 4	
Name of Employer Occupation							
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WDTN-TV				<b>Date of Disbursement or Obligation</b> 1 0 1 3 2 0 0 4			
Mailing Address of Payee 4595 South Drive				Amount 8,553.50			
City Dayton		State OH		Zip Code 45439		Communication Date 1 0 1 4 2 0 0 4	
Name of Employer Occupation							
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>						1 1 8 5 3 5 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 50)						1 2 3 9 8 6 7 8 9	

**SCHEDULE B-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WHIO-TV				<b>Date of Disbursement or Obligation</b> 1 0 1 3 2 0 0 4			
<b>Mailing Address of Payee</b> 1414 Wilmington Avenue				<b>Amount</b> 5 4 4 8 8 0 0			
<b>City</b> Dayton		<b>State</b> OH		<b>Zip Code</b> 45420		<b>Communication Date</b> 1 0 1 3 2 0 0 4	
<b>Name of Employer</b> Occupation							
<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>State:</b> _____ <b>District:</b> _____		<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> _____ <b>District:</b> _____		<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> _____ <b>District:</b> _____		<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 Payor</b> WKEF-TV				<b>Date of Disbursement or Obligation</b> 1 0 1 3 2 0 0 4			
<b>Mailing Address of Payor</b> 1731 Soldiers Home Road				<b>Amount</b> 1 1 3 9 0 0 0			
<b>City</b> Dayton		<b>State</b> OH		<b>Zip Code</b> 45418		<b>Communication Date</b> 1 0 1 3 2 0 0 4	
<b>Name of Employer</b> Occupation							
<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>State:</b> _____ <b>District:</b> _____		<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> _____ <b>District:</b> _____		<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> _____ <b>District:</b> _____		<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>						6 5 8 5 8 0 0	
<b>TOTAL This Period (last page: this line number only)</b> (carry total from last page to Line 10)						1 3 0 5 5 2 5 8 9	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WRGT-TV				Date of Disbursement or Obligation 1 0 1 3 2 0 0 4			
Mailing Address of Payee 45 Broadcast Plaza				Amount 4,590.00			
City Dayton		State OH		Zip Code 45420		Communication Date 1 0 1 4 2 0 0 4	
Name of Employer Occupation							
Purpose of Disbursement (Including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Stevens Reed Curtis & Potholm				Date of Disbursement or Obligation 1 0 1 3 2 0 0 4			
Mailing Address of Payee 305 Cameron Street				Amount 29,444.00			
City Alexandria		State VA		Zip Code 22314		Communication Date 1 0 1 4 2 0 0 4	
Name of Employer Occupation							
Purpose of Disbursement (Including title(s) of communication(s)) Media Production							
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>						3 4 0 3 4 0 0	
<b>TOTAL This Period (last page this line number only)</b> (copy total from last page in line 10)						1 3 3 9 5 5 9 9	

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

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

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