

NOV 18 10 11-22

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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

(a) Name Swift Boat Vets and POW's for Truth		2. FEC Identification Number <b>C</b>
(b) Address (number and street) <input type="checkbox"/> 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

3. Is This Statement	or	New	4. Covering Period	
			1 0	0 5
Amended			through	
			1 0	0 8

5. (a) Date of Public Distribution(s) 1 0 0 9 | 2 0 0 4 (b) Communication Title Disbursed

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 7 9 9, 0 7 5. 0 0

10. Total Disbursements/Obligations This Statement 1 5 6 6, 3 4 0. 7 0

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Weymouth D. Symmes

SIGNATURE *Weymouth D. Symmes* DATE 11/17/2004

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

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

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

A. (a) Name Rear Admiral Roy Huffman, USN (Ret.)	
(b) Address (number and street) P.O. Box 26184	
(c) City, State and ZIP Code Alexandria, VA 22313	
(d) Name of Employer or Principal Place of Business Retired	(e) Occupation Retired
B. (a) Name John O'Neil	
(b) Address (number and street) P.O. Box 26184	
(c) City, State and ZIP Code Alexandria, VA 22313	
(d) Name of Employer or Principal Place of Business Clements O'Neil Pierce	(e) Occupation Attorney
C. (a) Name Alvin A. Horne	
(b) Address (number and street) P.O. Box 26184	
(c) City, State and ZIP Code Alexandria, VA 22313	
(d) Name of Employer or Principal Place of Business Self Employed	(e) Occupation Attorney
D. (a) Name Weymouth D. Symmes	
(b) Address (number and street) P.O. Box 26184	
(c) City, State and ZIP Code Alexandria, VA 22313	
(d) Name of Employer or Principal Place of Business Retired	(e) Occupation Retired
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

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

<p><b>A. Full Name of Donor</b> <b>William Becker</b></p> <p>Mailing Address of Donor <b>903 Millard Court</b></p> <p>City State Zip <b>Daytona Beach FL 32117</b></p>	<p>Date of Receipt 10 07 2004</p> <p>Amount 5 000 00</p>
<p><b>B. Full Name of Donor</b> <b>Norman Blake</b></p> <p>Mailing Address of Donor <b>11179 Estancia Way</b></p> <p>City State Zip <b>Carmel IN 46032</b></p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 2 500 00</p>
<p><b>C. Full Name of Donor</b> <b>Norman Blake</b></p> <p>Mailing Address of Donor <b>11179 Estancia Way</b></p> <p>City State Zip <b>Carmel IN 46032</b></p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 2 500 00</p>
<p><b>D. Full Name of Donor</b> <b>Glenda Bracken Williams</b></p> <p>Mailing Address of Donor <b>4212 San Carlos St</b></p> <p>City State Zip <b>Dallas TX 75205</b></p>	<p>Date of Receipt 10 07 2004</p> <p>Amount 1 000 00</p>
<p><b>E. Full Name of Donor</b> <b>John Brinkerhoff</b></p> <p>Mailing Address of Donor <b>5411 Point Longstreet Way</b></p> <p>City State Zip <b>Burke VA 22015</b></p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 5 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ..... 2 500 00</p>	
<p>TOTAL This Period (last page this line number only) ..... 2 500 00 (carry total from last page to Line 9)</p>	

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

<p><b>A. Full Name of Donor</b>  <b>John Brinkerhoff</b></p> <p>Mailing Address of Donor  <b>5411 Point Longstreet Way</b></p> <p>City State Zip  <b>Burke VA 22015</b></p>	<p>Date of Receipt                  08 20 2004</p> <p>Amount                  500.00</p>
<p><b>B. Full Name of Donor</b>  <b>Jan Burrows</b></p> <p>Mailing Address of Donor  <b>1993 West 3500 North</b></p> <p>City State Zip  <b>Helper UT 84526</b></p>	<p>Date of Receipt                  08 20 2004</p> <p>Amount                  1000.00</p>
<p><b>C. Full Name of Donor</b>  <b>Jan Burrows</b></p> <p>Mailing Address of Donor  <b>1993 West 3500 North</b></p> <p>City State Zip  <b>Helper UT 84526</b></p>	<p>Date of Receipt                  08 20 2004</p> <p>Amount                  250.00</p>
<p><b>D. Full Name of Donor</b>  <b>Jan Burrows</b></p> <p>Mailing Address of Donor  <b>1993 West 3500 North</b></p> <p>City State Zip  <b>Helper UT 84526</b></p>	<p>Date of Receipt                  08 17 2004</p> <p>Amount                  1000.00</p>
<p><b>E. Full Name of Donor</b>  <b>RAY CHASE</b></p> <p>Mailing Address of Donor  <b>P.O. Box 882435</b></p> <p>City State Zip  <b>Steamboat Springs CO 80488</b></p>	<p>Date of Receipt                  08 09 2004</p> <p>Amount                  500.00</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>2,125.00</p>
<p>TOTAL This Period (last page this line number only) .....</p> <p>(carry total from last page to Line 9)</p>	<p>4,625.00</p>

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

<p><b>A. Full Name of Donor</b> <b>RAY CHASE</b></p> <p>Mailing Address of Donor <b>P.O. Box 882435</b></p> <p>City State Zip <b>Steamboat Springs CO 80488</b></p>	<p>Date of Receipt 08 05 2004</p> <p>Amount 500.00</p>
<p><b>B. Full Name of Donor</b> <b>Charles Coupe</b></p> <p>Mailing Address of Donor <b>1715 Ihiloa Place</b></p> <p>City State Zip <b>Honolulu HI 96821</b></p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 500.00</p>
<p><b>C. Full Name of Donor</b> <b>Joe Crail</b></p> <p>Mailing Address of Donor <b>1020 Las Lomas Ave.</b></p> <p>City State Zip <b>PACIFIC PALISADES CA 90272</b></p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 250.00</p>
<p><b>D. Full Name of Donor</b> <b>Joe Crail</b></p> <p>Mailing Address of Donor <b>1020 Las Lomas Ave</b></p> <p>City State Zip <b>Pacific Palisades CA 90272</b></p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 100.00</p>
<p><b>E. Full Name of Donor</b> <b>Joe Crail</b></p> <p>Mailing Address of Donor <b>1020 Las Lomas Ave.</b></p> <p>City State Zip <b>Pacific Palisades CA 90272</b></p>	<p>Date of Receipt 02 27 2004</p> <p>Amount 250.00</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>1,600.00</p> <p>6,225.00</p>

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

<b>A. Full Name of Donor</b> <b>Joe Crail</b>			<b>Date of Receipt</b> 0 8 2 0 0 4	
Mailing Address of Donor <b>1020 Las Lomas Ave</b>			Amount 2 5 0 0 0	
City <b>Pacific Palisades</b>	State <b>CA</b>	Zip <b>90272</b>		
<b>B. Full Name of Donor</b> <b>Joe Crail</b>			<b>Date of Receipt</b> 0 8 2 0 0 4	
Mailing Address of Donor <b>1020 Las Lomas Ave.</b>			Amount 2 5 0 0 0	
City <b>Pacific Palisades</b>	State <b>CA</b>	Zip <b>90272</b>		
<b>C. Full Name of Donor</b> <b>Doctor Crants</b>			<b>Date of Receipt</b> 1 0 0 5 2 0 0 4	
Mailing Address of Donor <b>102 Woodmont Blvd., Suite 800</b>			Amount 5 0 0 0 0	
City <b>Nashville</b>	State <b>TN</b>	Zip <b>37205</b>		
<b>D. Full Name of Donor</b> <b>gregory czura</b>			<b>Date of Receipt</b> 1 0 0 5 2 0 0 4	
Mailing Address of Donor <b>559 Cafferty Road</b>			Amount 5 0 0 0 0	
City <b>Tinicum Twp</b>	State <b>PA</b>	Zip <b>18972</b>		
<b>E. Full Name of Donor</b> <b>Steven Diehl</b>			<b>Date of Receipt</b> 1 0 0 5 2 0 0 4	
Mailing Address of Donor <b>20311 Parkwood Court</b>			Amount 5 0 0 0 0	
City <b>Hagerstown</b>	State <b>MD</b>	Zip <b>21742</b>		
<b>SUBTOTAL of Donations This Page (optional)</b>			2,000.00	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 9)			8,225.00	

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

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<b>A. Full Name of Donor</b> <b>Kenneth D. Duggin</b> <hr/> <b>Mailing Address of Donor</b> <b>4295 Neitzey Pl</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b> <b>Alexandria</b> <b>VA</b> <b>22309</b>	<b>Date of Receipt</b> 1 0 0 6 2 0 0 4 <hr/> <b>Amount</b> 1 0 0 0 0 0
<b>B. Full Name of Donor</b> <b>William Dwyer</b> <hr/> <b>Mailing Address of Donor</b> <b>2 Maryland Circle APT 304</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b> <b>Whitehall</b> <b>PA</b> <b>18052</b>	<b>Date of Receipt</b> 1 0 0 6 2 0 0 4 <hr/> <b>Amount</b> 1 0 0 0 0 0
<b>C. Full Name of Donor</b> <b>Ross Estep Sr</b> <hr/> <b>Mailing Address of Donor</b> <b>121 Interprk Blvd</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b> <b>San Antonio</b> <b>TX</b> <b>78216</b>	<b>Date of Receipt</b> 1 0 0 7 2 0 0 4 <hr/> <b>Amount</b> 1 0 0 0 0 0
<b>D. Full Name of Donor</b> <b>Stephen Finn</b> <hr/> <b>Mailing Address of Donor</b> <b>7103 S Revere Pkwy</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b> <b>Centennial</b> <b>CO</b> <b>80112</b>	<b>Date of Receipt</b> 1 0 0 7 2 0 0 4 <hr/> <b>Amount</b> 1 0 0 0 0 0
<b>E. Full Name of Donor</b> <b>Jerre Freeman</b> <hr/> <b>Mailing Address of Donor</b> <b>6485 Poplar Avenue</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b> <b>Memphis</b> <b>TN</b> <b>38119</b>	<b>Date of Receipt</b> 1 0 0 8 2 0 0 4 <hr/> <b>Amount</b> 5 0 0 0 0 0
<b>SUBTOTAL of Donations This Page (optional)</b> ..... ▶	4 5 0 0 0 0 <hr/> 1 2 7 2 5 0 0
<b>TOTAL This Period (see page this line number only)</b> ..... ▶ (carry total from last page to Line 9)	

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

<p><b>A.</b> Full Name of Donor <b>Michael Futrell</b></p> <p>Mailing Address of Donor <b>10875 Belle Cour Way</b></p> <p>City State Zip <b>Shreveport LA 71106</b></p>	<p>Date of Receipt M M Y Y 1 0 0 7 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</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 78503</b></p>	<p>Date of Receipt M M Y Y 1 0 0 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>C.</b> Full Name of Donor <b>Bruce Gescheider</b></p> <p>Mailing Address of Donor <b>14250 Sorrel Lane</b></p> <p>City State Zip <b>Reno NV 89511</b></p>	<p>Date of Receipt M M Y Y 1 0 0 8 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p><b>D.</b> Full Name of Donor <b>Bruce Gescheider</b></p> <p>Mailing Address of Donor <b>14250 Sorrel Lane</b></p> <p>City State Zip <b>Reno NV 89511</b></p>	<p>Date of Receipt M M Y Y 0 9 0 8 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p><b>E.</b> Full Name of Donor <b>Doyle Glass</b></p> <p>Mailing Address of Donor <b>2008 Starmont Road</b></p> <p>City State Zip <b>Louisville KY 40207</b></p>	<p>Date of Receipt M M Y Y 1 0 0 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>4 0 0 0 0 0</p>
<p>TOTAL This Period (see page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1 6 7 2 5 0 0</p>



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

<p><b>A. Full Name of Donor</b>  <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                  1 0 0 8 2 0 0 4</p> <p>Amount                  5 0 0 0 0</p>
<p><b>B. Full Name of Donor</b>  <b>Joanne Hart</b></p> <p>Mailing Address of Donor  <b>600 Columbus Avenue, Apt 12J</b></p> <p>City State Zip  <b>New York NY 10024</b></p>	<p>Date of Receipt                  1 0 0 8 2 0 0 4</p> <p>Amount                  1 0 0 0 0</p>
<p><b>C. Full Name of Donor</b>  <b>Mark Hemstreet</b></p> <p>Mailing Address of Donor  <b>11600 SW Shilo Lane</b></p> <p>City State Zip  <b>Portland OR 97225</b></p>	<p>Date of Receipt                  1 0 0 8 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b>  <b>deane hockersmith</b></p> <p>Mailing Address of Donor  <b>14705 24th avenue s. e.</b></p> <p>City State Zip  <b>mill creek WA 98012</b></p>	<p>Date of Receipt                  1 0 0 8 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b>  <b>Robert Johnson</b></p> <p>Mailing Address of Donor  <b>1500 6th St South</b></p> <p>City State Zip  <b>Minneapolis MN 55454</b></p>	<p>Date of Receipt                  1 0 0 7 2 0 0 4</p> <p>Amount                  2 5 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 total from last page to Line 9)</p>	<p>5 1 0 0 0 0</p> <p>2 1 8 2 5 0 0</p>

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

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<b>A. Full Name of Donor</b> <b>Dennis Jones</b> <b>Mailing Address of Donor</b> <b>1700 South Warson Road</b> City State Zip <b>Saint Louis MO 63124</b>	<b>Date of Receipt</b> M M Y Y 1 0 0 7 2 0 0 4 <b>Amount</b> 2 5 0 0 0 0
<b>B. Full Name of Donor</b> <b>PHILIP KAUFMAN</b> <b>Mailing Address of Donor</b> <b>1335 HERITAGE PLACE</b> City State Zip <b>THOUSAND OAKS CA 91362</b>	<b>Date of Receipt</b> M M Y Y 1 0 0 7 2 0 0 4 <b>Amount</b> 1 0 0 0 0 0
<b>C. Full Name of Donor</b> <b>Peter La Prade</b> <b>Mailing Address of Donor</b> <b>18233 N. 53rd Street</b> City State Zip <b>Scottsdale AZ 85254</b>	<b>Date of Receipt</b> M M Y Y 1 0 0 7 2 0 0 4 <b>Amount</b> 5 0 0 0 0 0
<b>D. Full Name of Donor</b> <b>Peter La Prade</b> <b>Mailing Address of Donor</b> <b>18233 N. 53rd Street</b> City State Zip <b>Scottsdale AZ 85254</b>	<b>Date of Receipt</b> M M Y Y 0 9 0 8 2 0 0 4 <b>Amount</b> 5 0 0 0 0 0
<b>E. Full Name of Donor</b> <b>Doug Latimer</b> <b>Mailing Address of Donor</b> <b>911 Bayridge</b> City State Zip <b>La Porte TX 77571</b>	<b>Date of Receipt</b> M M Y Y 1 0 0 6 2 0 0 4 <b>Amount</b> 5 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> <small>(carry total from last page to Line 9)</small>	2 6 8 2 5 0 0

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

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<b>A. Full Name of Donor</b> <b>Doug Latimer</b> <hr/> Mailing Address of Donor <b>911 Bayridge</b> <hr/> City State Zip <b>La Porte TX 77571</b>	Date of Receipt MM - DD - YYYY 08 - 24 - 2004  Amount 5,000.00
<b>B. Full Name of Donor</b> <b>France A. Laux</b> <hr/> Mailing Address of Donor <b>13869 N Buckingham Dr</b> <hr/> City State Zip <b>Tucson AZ 85737</b>	Date of Receipt MM - DD - YYYY 10 - 07 - 2004  Amount 1,000.00
<b>C. Full Name of Donor</b> <b>STEVEN LEVINE</b> <hr/> Mailing Address of Donor <b>26800 DEGAS LANE</b> <hr/> City State Zip <b>VALENCIA CA 91355</b>	Date of Receipt MM - DD - YYYY 10 - 05 - 2004  Amount 2,500.00
<b>D. Full Name of Donor</b> <b>Richard Levy</b> <hr/> Mailing Address of Donor <b>P.O. Box 2356 (887 Wildrose Circle)</b> <hr/> City State Zip <b>Lake Arrowhead CA 92352</b>	Date of Receipt MM - DD - YYYY 10 - 05 - 2004  Amount 1,000.00
<b>E. Full Name of Donor</b> <b>Ralph Lisle</b> <hr/> Mailing Address of Donor <b>3960 Adams St</b> <hr/> City State Zip <b>Carlsbad CA 92008</b>	Date of Receipt MM - DD - YYYY 10 - 06 - 2004  Amount 5,000.00
<b>SUBTOTAL of Donations This Page (optional)</b> ..... ▶ 3,250.00  <b>TOTAL This Period (last page this line number only)</b> ..... ▶ 3,007.50 <small>(carry total from last page to Line 3)</small>	

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

<p><b>A. Full Name of Donor</b>  <b>Ralph Lisle</b></p> <p>Mailing Address of Donor  <b>3960 Adams St</b></p> <p>City State Zip  <b>Carlsbad CA 92008</b></p>	<p>Date of Receipt                  M D Y Y Y Y                  1 0 0 8 2 0 0 4</p> <p>Amount                  \$ 5 0 0 0 0</p>
<p><b>B. Full Name of Donor</b>  <b>Reynard Long</b></p> <p>Mailing Address of Donor  <b>3405 SE 9th Ave</b></p> <p>City State Zip  <b>Portland OR 97202</b></p>	<p>Date of Receipt                  M D Y Y Y Y                  1 0 0 8 2 0 0 4</p> <p>Amount                  \$ 1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b>  <b>Patricia Lynch</b></p> <p>Mailing Address of Donor  <b>PO Box 2176</b></p> <p>City State Zip  <b>Edwards CO 81632</b></p>	<p>Date of Receipt                  M D Y Y Y Y                  1 0 0 8 2 0 0 4</p> <p>Amount                  \$ 1 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b>  <b>charles matthews</b></p> <p>Mailing Address of Donor  <b>535 w 3rd st</b></p> <p>City State Zip  <b>dover OH 44622</b></p>	<p>Date of Receipt                  M D Y Y Y Y                  1 0 0 8 2 0 0 4</p> <p>Amount                  \$ 1 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b>  <b>Hazel G. Meske</b></p> <p>Mailing Address of Donor  <b>11 Upper Woodcrest Rd</b></p> <p>City State Zip  <b>Berwick PA 18603</b></p>	<p>Date of Receipt                  M D Y Y Y Y                  1 0 0 8 2 0 0 4</p> <p>Amount                  \$ 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>\$ 4 5 0 0 0 0</p>
<p>TOTAL This Period (last page this line reprints only) ▶                  (copy total from last page to Line 9)</p>	<p>\$ 3 4 5 7 5 0 0</p>

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

<p><b>A. Full Name of Donor</b>  <b>Owen Mills</b></p> <hr/> <p>Mailing Address of Donor  <b>2900 West Gunsite Road</b></p> <hr/> <p>City State Zip  <b>Paulden AZ 86334</b></p>	<p>Date of Receipt                  10 08 2004</p> <p>Amount                  1 000 00</p>
<p><b>B. Full Name of Donor</b>  <b>Owen Mills</b></p> <hr/> <p>Mailing Address of Donor  <b>2900 West Gunsite Road</b></p> <hr/> <p>City State Zip  <b>Paulden AZ 86334</b></p>	<p>Date of Receipt                  08 03 2004</p> <p>Amount                  5 000 00</p>
<p><b>C. Full Name of Donor</b>  <b>G. Mason Oberlin</b></p> <hr/> <p>Mailing Address of Donor  <b>48 Duck Cove Cir</b></p> <hr/> <p>City State Zip  <b>Berlin MD 21811</b></p>	<p>Date of Receipt                  10 02 2004</p> <p>Amount                  1 000 00</p>
<p><b>D. Full Name of Donor</b>  <b>Bob J. Perry</b></p> <hr/> <p>Mailing Address of Donor  <b>P.O. Box 34153</b></p> <hr/> <p>City State Zip  <b>Houston TX 77234</b></p>	<p>Date of Receipt                  10 08 2004</p> <p>Amount                  7 500 00</p>
<p><b>E. Full Name of Donor</b>  <b>Charles Pierce</b></p> <hr/> <p>Mailing Address of Donor  <b>3542 Bayard Drive</b></p> <hr/> <p>City State Zip  <b>Cincinnati OH 45208</b></p>	<p>Date of Receipt                  10 06 2004</p> <p>Amount                  1 000 00</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p>	<p>7 535 00</p>
<p><b>TOTAL This Period (last page this line number only)</b> ▶                  (carry total from last page to Line 9)</p>	<p>7 880 75 00</p>

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

<p><b>A. Full Name of Donor</b>  <b>Thomas Reser</b></p> <hr/> <p>Mailing Address of Donor  <b>19349 W Noel Rd</b></p> <hr/> <p>City State Zip  <b>Elwood IL 60421</b></p>	<p>Date of Receipt            Y M D Y M D            1 0 0 6 2 0 0 4</p> <p>Amount            1 0 0 0 0 0</p>	
<p><b>B. Full Name of Donor</b>  <b>Gordon Richardson</b></p> <hr/> <p>Mailing Address of Donor  <b>128 Ocean Blvd</b></p> <hr/> <p>City State Zip  <b>Isle of Palms SC 29451</b></p>	<p>Date of Receipt            Y M D Y M D            1 0 0 5 2 0 0 4</p> <p>Amount            5 0 0 0 0 0</p>	
<p><b>C. Full Name of Donor</b>  <b>Gordon Richardson</b></p> <hr/> <p>Mailing Address of Donor  <b>128 Ocean Blvd</b></p> <hr/> <p>City State Zip  <b>Isle of Palms SC 29451</b></p>	<p>Date of Receipt            Y M D Y M D            0 9 1 3 2 0 0 4</p> <p>Amount            5 0 0 0 0 0</p>	
<p><b>D. Full Name of Donor</b>  <b>Fred N. Sauer</b></p> <hr/> <p>Mailing Address of Donor  <b>454 Hammersmith Rd</b></p> <hr/> <p>City State Zip  <b>Saint Louis MO 63141</b></p>	<p>Date of Receipt            Y M D Y M D            1 0 0 5 2 0 0 4</p> <p>Amount            1 0 0 0 0 0</p>	
<p><b>E. Full Name of Donor</b>  <b>Thomas Shanahan</b></p> <hr/> <p>Mailing Address of Donor  <b>100 Manzanita Way</b></p> <hr/> <p>City State Zip  <b>Woodside CA 94062</b></p>	<p>Date of Receipt            Y M D Y M D            1 0 0 5 2 0 0 4</p> <p>Amount            5 0 0 0 0 0</p>	
<p><b>SUBTOTAL</b> of Donations This Page (optional) ▶</p>		<p>3 5 0 0 0 0</p>
<p><b>TOTAL</b> This Period (last page this line number only) ▶            (carry over from last page to Line 5)</p>		<p>7 9 1 5 7 5 0 0</p>

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

<p><b>A.</b> Full Name of Donor <b>James Shiley</b></p> <p>Mailing Address of Donor <b>608 SW Arboretum Circle</b></p> <p>City State Zip <b>Portland OR 97221</b></p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 2 500 00</p>
<p><b>B.</b> Full Name of Donor <b>James Shiley</b></p> <p>Mailing Address of Donor <b>608 SW Arboretum Circle</b></p> <p>City State Zip <b>Portland OR 97221</b></p>	<p>Date of Receipt 09 20 2004</p> <p>Amount 2 500 00</p>
<p><b>C.</b> Full Name of Donor <b>James Shiley</b></p> <p>Mailing Address of Donor <b>608 SW Arboretum Circle</b></p> <p>City State Zip <b>Portland OR 97221</b></p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 2 500 00</p>
<p><b>D.</b> Full Name of Donor <b>James Shiley</b></p> <p>Mailing Address of Donor <b>608 SW Arboretum Circle</b></p> <p>City State Zip <b>Portland OR 97221</b></p>	<p>Date of Receipt 09 08 2004</p> <p>Amount 2 500 00</p>
<p><b>E.</b> Full Name of Donor <b>Richard H. Verheij</b></p> <p>Mailing Address of Donor <b>76 Hollow Tree Ridge Rd</b></p> <p>City State Zip <b>Darien CT 06820</b></p>	<p>Date of Receipt 10 07 2004</p> <p>Amount 1 000 00</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p>2 000 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>7 935 75 00</p>

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

<p><b>A. Full Name of Donor</b> James A. West</p> <p>Mailing Address of Donor 2857 Oxford Blvd Bldg 200</p> <p>City State Zip Allison Park PA 15101</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 2,000.00</p>
<p><b>B. Full Name of Donor</b> James A. West</p> <p>Mailing Address of Donor 2857 Oxford Blvd.-Bldg#200</p> <p>City State Zip Allison Park PA 15101</p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 5,000.00</p>
<p><b>C. Full Name of Donor</b> Sam Willcoxon</p> <p>Mailing Address of Donor 64 Falcon Hills Dr</p> <p>City State Zip Highlands Ranch CO 80126</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 1,000.00</p>
<p><b>D. Full Name of Donor</b> Gary Wood</p> <p>Mailing Address of Donor 11201 Fox Meadow DR</p> <p>City State Zip Richmond VA 23233</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 5,000.00</p>
<p><b>E. Full Name of Donor</b> Gary Wood</p> <p>Mailing Address of Donor 11201 Fox Meadow DR</p> <p>City State Zip Richmond VA 23233</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 5,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>4,500.00</p>
<p>TOTAL This Period (last page this line number only) .....</p> <p>(carry total from last page to Line 9)</p>	<p>7,980,075.00</p>



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

<p><b>A. Full Name of Donor</b> <b>Peter Zieve</b></p> <p>_____ Mailing Address of Donor</p> <p><b>4606 107th St SW</b></p> <p>City State Zip <b>Mukilteo WA 98275</b></p>	<p>Date of Receipt 1 0 0 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> _____</p> <p>_____ Mailing Address of Donor</p> <p>City State Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p><b>C. Full Name of Donor</b> _____</p> <p>_____ Mailing Address of Donor</p> <p>City State Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p><b>D. Full Name of Donor</b> _____</p> <p>_____ Mailing Address of Donor</p> <p>City State Zip _____</p>	<p>Date of Receipt _____</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><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p>	<p>1 0 0 0 0 0</p>
<p><b>TOTAL This Period (last page this line number only)</b> ▶ (carry total from last page to Line 9)</p>	<p>7 9 9 0 7 5 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>			Date of Disbursement or Obligation 09 29 2004	
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>	Communication Date 10 09 2004	
Name of Employer Occupation				

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

**Media Copywriting & Production**

Name of Federal Candidate <b>John F. Kerry</b>	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:	State: _____ District: _____	Disbursement/Obligation For:
Name of Federal Candidate	Office Sought:	State: _____ District: _____	Disbursement/Obligation For:

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>Mentzer Media Services</b>			Date of Disbursement or Obligation 10 07 2004	
Mailing Address of Payee <b>600 Fairmount Avenue, Suite 306</b>			Amount <b>2,153.27</b>	
City <b>TOWSON</b>	State <b>MD</b>	Zip Code <b>21286</b>	Communication Date 10 09 2004	
Name of Employer Occupation				

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

**Media Commission**

Name of Federal Candidate <b>John F. Kerry</b>	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:	State: _____ District: _____	Disbursement/Obligation For:
Name of Federal Candidate	Office Sought:	State: _____ District: _____	Disbursement/Obligation For:

SUBTOTAL of Disbursements/Obligations This Page (optional) _____	<b>2,186.60</b>
TOTAL This Period (last page this line number only) _____ (carry total from last page to Line 10)	<b>2,186.60</b>

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> CNN				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4			
Mailing Address of Payee One CNN Center				Amount 1 0 4 0 8 2 5 0			
City Atlanta		State GA		Zip Code 30303		Communication Date 1 0 0 9 2 0 0 4	
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> FOX NEWS				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4			
Mailing Address of Payee 1211 Avenue of the Americas				Amount 3 1 8 9 3 5 0 0			
City New York		State NY		Zip Code 10036		Communication Date 1 0 0 9 2 0 0 4	
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>						4 2 2 9 1 7 5 0	
<b>TOTAL This Period (last page this line number only)</b> (carry over from last page to Line 10)						6 4 1 5 7 8 2 0	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WUPW-TV				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4			
Mailing Address of Payee 4 Seagate				Amount 8,602.00			
City Toledo		State OH		Zip Code 43604		Communication Date 1 0 0 9 2 0 0 4	
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WNWO-TV				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4			
Mailing Address of Payee 300 South Byrne Road				Amount 3,376.20			
City Toledo		State OH		Zip Code 43615		Communication Date 1 0 0 9 2 0 0 4	
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>						4 2 3 6 4 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)						8 8 3 9 4 2 2 0	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WTOL-TV				<b>Date of Disbursement or Obligation</b> 1 0 / 0 7 / 2 0 0 4	
<b>Mailing Address of Payee</b> 730 North Summit Street				<b>Amount</b> 5,100.00	
City Toledo	State OH	Zip Code 43699	<b>Communication Date</b> 1 0 / 0 9 / 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> WTVG-TV				<b>Date of Disbursement or Obligation</b> 1 0 / 0 7 / 2 0 0 4	
<b>Mailing Address of Payee</b> 4247 Dorr Street				<b>Amount</b> 67,277.50	
City Toledo	State OH	Zip Code 43607	<b>Communication Date</b> 1 0 / 0 8 / 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>				72,377.50	
<b>TOTAL This Period (last page this line number only) .....</b> (carry total from last page to Line 10)				756,319.70	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WYFX-TV				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4	
Mailing Address of Payee 3930 Sunset Blvd.				Amount 2,295.00	
City Youngstown		State OH	Zip Code 44512	Communication Date 1 0 0 7 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	House Senate President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate		Office Sought	House Senate 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> WKBN-TV				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4	
Mailing Address of Payee 3930 Sunset Blvd.				Amount 1,483.25	
City Youngstown		State OH	Zip Code 44512	Communication Date 1 0 0 7 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	House Senate President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate		Office Sought	House Senate 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>				1,712.75	
<b>TOTAL This Form (last page this line number only)</b> (carry total from last page to Line 10)				7,734.47	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WFMJ-TV				Date of Disbursement or Obligation Y M D Y M D 1 0 0 7 2 0 0 4			
Mailing Address of Payee 101 West Boardman Street				Amount , 2 8 , 8 2 5 . 5 0			
City Youngstown		State OH		Zip Code 44503		Communication Date Y M D Y M D 1 0 0 9 2 0 0 4	
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)): <b>Media Buy</b>							
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> WYTV-TV				Date of Disbursement or Obligation Y M D Y M D 1 0 0 7 2 0 0 4			
Mailing Address of Payee 3800 Shady Run Road				Amount , 3 7 , 1 0 2 . 5 0			
City Youngstown		State OH		Zip Code 44502		Communication Date Y M D Y M D 1 0 0 9 2 0 0 4	
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)): <b>Media Buy</b>							
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>				6 6 , 0 2 8 . 0 0			
<b>TOTAL This Period (last page fills line number only)</b> (carry total from last page to Line 10)				8 3 9 , 4 7 5 . 2 0			

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WHIO-TV				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4	
Mailing Address of Payee 1414 Wilmington Avenue				Amount 5,100.00	
City Dayton	State OH	Zip Code 45420		Communication Date 1 0 0 7 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate <input type="checkbox"/> 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:	House Senate President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought:	House Senate 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				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4	
Mailing Address of Payee 4595 South Dixie				Amount 8,925.00	
City Dayton	State OH	Zip Code 45439		Communication Date 1 0 0 7 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate <input type="checkbox"/> 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:	House Senate President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought:	House Senate President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (please)				14,025.00	
<b>TOTAL</b> This Period (last page this line number only) (carry total from last page to Line 10)				85,350.20	



**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WKEF-TV</b>				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4	
Mailing Address of Payee <b>1731 Soldiers Home Road</b>				Amount , 4 0 , 1 9 6 , 5 0	
City <b>Dayton</b>	State <b>OH</b>	Zip Code <b>45418</b>	Communication Date 1 0 0 9 2 0 0 4		
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) <b>Media Buy</b>					
Name of Federal Candidate <b>John F. Kerry</b>	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> <b>WFGT-TV</b>				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4	
Mailing Address of Payee <b>45 Broadcast Plaza</b>				Amount , 1 0 , 2 5 1 , 0 0	
City <b>Dayton</b>	State <b>OH</b>	Zip Code <b>45408</b>	Communication Date 1 0 0 9 2 0 0 4		
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) <b>Media Buy</b>					
Name of Federal Candidate <b>John F. Kerry</b>	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>				<b>5 0 4 4 7 5 0</b>	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				<b>9 0 3 9 4 7 7 0</b>	

**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 0 7 2 0 0 4	
Mailing Address of Payee 1906 Highland Avenue				Amount , 1 0 6 , 2 5 0 , 0 0	
City Cincinnati	State OH	Zip Code 45219		Communication Date 1 0 0 9 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) <b>Media Buy</b>					
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> WCPO-TV				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4	
Mailing Address of Payee 1720 Gilbert Avenue				Amount , 9 0 , 7 8 0 , 0 0	
City Cincinnati	State OH	Zip Code 45202		Communication Date 1 0 0 9 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) <b>Media Buy</b>					
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 9 7 0 3 0 0 0	
<b>TOTAL This Period (and page this line number only)</b> (carry total from last page to Line 10)				1 4 0 0 9 7 7 0	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WXIX-TV				<b>Date of Disbursement or Obligation</b> 1 0 0 7 2 0 0 4	
<b>Mailing Address of Payee</b> 635 West 7th Street				<b>Amount</b> , 2 2 , 3 5 5 . 0 0	
<b>City</b> Cincinnati	<b>State</b> OH	<b>Zip Code</b> 45203		<b>Communication Date</b> 1 0 0 9 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> WLWT-TV				<b>Date of Disbursement or Obligation</b> 1 0 0 7 2 0 0 4	
<b>Mailing Address of Payee</b> 1700 Young Street				<b>Amount</b> , 4 4 , 6 2 5 . 0 0	
<b>City</b> Cincinnati	<b>State</b> OH	<b>Zip Code</b> 45202		<b>Communication Date</b> 1 0 0 9 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 (up/down) .....</b>				, 6 6 , 9 8 0 . 0 0	
<b>TOTAL This Period (last page this line number only) .....</b> (carry total from last page to Line 10)				, 1 1 8 7 , 9 5 7 . 7 0	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WJW-TV				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4	
Mailing Address of Payee 5800 South Marginal Road				Amount 3 9, 6 1 0, 0 0	
City Cleveland		State OH	Zip Code 44114		Communication Date 1 0 0 9 2 0 0 4
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WKYC-TV				Date of Disbursement or Obligation 1 0 0 7 2 0 0 4	
Mailing Address of Payee 1333 Lakeside Avenue				Amount 7 1, 7 4 6 0 0	
City Cleveland		State OH	Zip Code 44114		Communication Date 1 0 0 9 2 0 0 4
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				1 1 1 3 5 0 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				1 2 7 9 3 0 7 7 0	

**SCHEDULE 9-B**

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

<p><b>A. Full Name (Last, First, Middle Initial) of Payee</b>  <b>WOIO-TV</b></p> <p>Mailing Address of Payee  <b>1717 East 12th Street</b></p> <p>City: <b>Cleveland</b> State: <b>OH</b> Zip Code: <b>44114</b></p> <p>Name of Employer: _____ Occupation: _____</p>	<p>Date of Disbursement or Obligation                  1 0 0 7 2 0 0 4</p> <p>Amount                  \$ 6 0 0 1 0 0 0</p> <p>Communication Date                  1 0 0 9 2 0 0 4</p>
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Purpose of Disbursement (including title(s) of communication(s))

**Media Buy**

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

<p><b>B. Full Name (Last, First, Middle Initial) of Payee</b>  <b>WEWS-TV</b></p> <p>Mailing Address of Payee  <b>3001 Euclid Avenue</b></p> <p>City: <b>Cleveland</b> State: <b>OH</b> Zip Code: <b>04115</b></p> <p>Name of Employer: _____ Occupation: _____</p>	<p>Date of Disbursement or Obligation                  1 0 0 7 2 0 0 4</p> <p>Amount                  \$ 6 8 6 8 0 0 0</p> <p>Communication Date                  1 0 0 9 2 0 0 4</p>
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Purpose of Disbursement (including title(s) of communication(s))

**Media Buy**

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

SUBTOTAL of Disbursements/Obligations This Page (optional) _____	1 2 8 6 9 0 0 0
TOTAL This Period (last page this line number only) _____ (carry total from last page to Line 10)	1 4 0 7 9 9 7 7 0

**SCHEDULE B-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WBNS-TV			<b>Date of Disbursement or Obligation</b> 1 0 0 7 2 0 0 4	
Mailing Address of Payee 770 Twin Rivers Drive			Amount 7 9 9 0 0 0 0	
City Columbus	State OH	Zip Code 43215	Contribution Date 1 0 0 9 2 0 0 4	
Name of Employer Occupation				

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

Media Buy

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

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WSYX-TV			<b>Date of Disbursement or Obligation</b> 1 0 0 7 2 0 0 4	
Mailing Address of Payee 1261 Dublin Road			Amount 2 0 4 9 5 0 0	
City Columbus	State OH	Zip Code 43215	Contribution Date 1 0 0 9 2 0 0 4	
Name of Employer Occupation				

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

Media Buy

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

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) .....	1 0 0 3 8 5 0 0
<b>TOTAL</b> This Period (last page this line number only) .....	1 5 0 8 3 8 2 7 0
(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> <b>WCMH-TV</b>				<b>Date of Disbursement or Obligation</b> Year: 1 0    Month: 0 7    Day: 2 0 0 4			
<b>Mailing Address of Payee</b> <b>3165 Oiantangy River Road</b>				<b>Amount</b> \$ 6 0,2 6 5.0 0			
<b>City</b> Columbus		<b>State</b> OH		<b>Zip Code</b> 43202			
<b>Name of Employer</b>				<b>Occupation</b>			
<b>Purpose of Disbursement (including type(s) of communication(s))</b> Media Buy							
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WTTE-TV</b>				<b>Date of Disbursement or Obligation</b> Year: 1 0    Month: 0 7    Day: 2 0 0 4			
<b>Mailing Address of Payee</b> <b>3165 Oiantangy River Road</b>				<b>Amount</b> \$ 5,7 8 0.0 0			
<b>City</b> Columbus		<b>State</b> OH		<b>Zip Code</b> 00432			
<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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				\$ 6 6,0 4 5.0 0			
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				\$ 1,5 7 4,4 2 7.7 0			

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Stevens Reed Curcio & Potholm				<b>Date of Disbursement or Obligation</b> 1 0 0 8 2 0 0 4
<b>Mailing Address of Payee</b> 305 Cameron Street				<b>Amount</b> 1 1 9 1 3 0 0
City Alexandria	State VA	Zip Code 22314		<b>Communication Date</b> 1 0 0 8 2 0 0 4
<b>Name of Employer</b> _____ <b>Occupation</b> _____				
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Production				
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>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>Date of Disbursement or Obligation</b> _____
<b>Mailing Address of Payee</b> _____				<b>Amount</b> _____
City _____	State _____	Zip Code _____		<b>Communication Date</b> _____
<b>Name of Employer</b> _____ <b>Occupation</b> _____				
<b>Purpose of Disbursement (including title(s) of communication(s))</b> _____				
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <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 1 9 1 3 0 0
<b>TOTAL This Period (last page this line number only)</b> _____ (carry total from last page to Line 10)				1 5 8 8 3 4 0 7 0



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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