



To: FEC FAX (Business Fax)
Fax number: (202) 219-0174

From: Political Compliance Services, Inc
Fax number: 703-425-8352
Business phone:
Home phone:

Date & Time: 10/15/2004 4:08:36 PM
Pages: 60
Re: Swift Boat Form 9 (3)

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 East Vets and POW's for Truth

(b) Address (number and street) checked if differs than previously reported
P.O. Box 28184

(c) City, State and ZIP Code
Alexandria, VA 22313

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number
C

3. Is This Statement **New** or **Amended**

4. Covering Period from 10/01/04 through 10/14/04

5. (a) Date of Public Distribution(s) 10/15/2004 **(b) Communication Title** "Why" and "Never Served"

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 28184

(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 1992900.00

10. Total Disbursements/Obligations This Statement 1528890.60

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 10/15/2004

NOTE: Submission of this document to the Commission constitutes consent to the release of this information to the public under the provisions of the Freedom of Information Act (5 U.S.C. 552).

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'Neill	
(b) Address (number and street) P.O. Box 26184	
(c) City, State and ZIP Code Alexandria, VA 22313	
(d) Name of Employer or Principal Place of Business Clements O'Neill Farce	(e) Occupation Attorney
C. (a) Name Avin A. Home	
(b) Address (number and street) P.O. Box 26184	
(c) City, State and ZIP Code Alexandria, VA 22313	
(d) Name of Employer or Principal Place of Business Self Employed	(e) Occupation Attorney
D. (a) Name Weymouth D. Symmas	
(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 B-A
Donation(s) Received

<p>A. Full Name of Donor LEE A. BEAMAN</p> <hr/> <p>Mailing Address of Donor 1525 BROADWAY</p> <hr/> <p>City State Zip NASHVILLE TN 37203</p>	<p>Date of Receipt 10/10/2004</p> <hr/> <p>Amount 1000.00</p>
<p>B. Full Name of Donor George C Bitting</p> <hr/> <p>Mailing Address of Donor 120 Sachuest Way</p> <hr/> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 10/12/2004</p> <hr/> <p>Amount 1000.00</p>
<p>C. Full Name of Donor Glen Black</p> <hr/> <p>Mailing Address of Donor 1000 East Clearvue Ct.</p> <hr/> <p>City State Zip Eagle ID 83615</p>	<p>Date of Receipt 10/10/2004</p> <hr/> <p>Amount 1000.00</p>
<p>D. Full Name of Donor glen black</p> <hr/> <p>Mailing Address of Donor 1000 east clearvue ct.</p> <hr/> <p>City State Zip eagle ID 83616</p>	<p>Date of Receipt 10/03/2004</p> <hr/> <p>Amount 500.00</p>
<p>E. Full Name of Donor Robert Black</p> <hr/> <p>Mailing Address of Donor P.O. Box 970</p> <hr/> <p>City State Zip Genoa NV 89411</p>	<p>Date of Receipt 10/13/2004</p> <hr/> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3100.00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to line 8)</p>	<p>3100.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert Black</p> <hr/> <p>Mailing Address of Donor P.O. Box 970</p> <hr/> <p>City State Zip Genoa NV 89411</p>	<p>Date of Receipt 08/09/2004</p> <hr/> <p>Amount 10000</p>
<p>B. Full Name of Donor Robert Black</p> <hr/> <p>Mailing Address of Donor P.O. Box 970</p> <hr/> <p>City State Zip Genoa NV 89411</p>	<p>Date of Receipt 08/20/2004</p> <hr/> <p>Amount 50000</p>
<p>C. Full Name of Donor Robert Black</p> <hr/> <p>Mailing Address of Donor P.O. Box 970</p> <hr/> <p>City State Zip Genoa NV 89411</p>	<p>Date of Receipt 08/21/2004</p> <hr/> <p>Amount 10000</p>
<p>D. Full Name of Donor William S. Borders</p> <hr/> <p>Mailing Address of Donor 235 Scfir St NW</p> <hr/> <p>City State Zip Fort Walton Beach FL 32548</p>	<p>Date of Receipt 10/05/2004</p> <hr/> <p>Amount 50000</p>
<p>E. Full Name of Donor David Bricker</p> <hr/> <p>Mailing Address of Donor 160 Broadway</p> <hr/> <p>City State Zip New York NY 10038</p>	<p>Date of Receipt 10/11/2004</p> <hr/> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <hr/> <p>TOTAL This Period (last page this line number only)</p> <p>(entry total from last page to Line 8)</p>	<p>220000</p> <hr/> <p>530000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Brett Byers</p> <p>Mailing Address of Donor 440 Davis Court, #1802</p> <p>City State Zip San Francisco CA 94111</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor Charles Coligure</p> <p>Mailing Address of Donor 19 Mayview Rd</p> <p>City State Zip Lawrence PA 15055</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor John Connolly</p> <p>Mailing Address of Donor 700 Front St.</p> <p>City State Zip San Diego CA 92101</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Timothy Cooney</p> <p>Mailing Address of Donor 434 main street</p> <p>City State Zip Wareham MA 02571</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Lammot Copeland</p> <p>Mailing Address of Donor 100 Rogers Rd</p> <p>City State Zip Wilmington DE 19801</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Exemptions This Page (optional)</p>	<p>3 100 00</p>
<p>TOTAL This Form (last page this line number only)</p> <p>(carry total from last page to line B)</p>	<p>8 400 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Brooks Corbin</p> <p>Mailing Address of Donor 4220 Park Newport Drive, 207</p> <p>City State Zip Newport Beach CA 92660</p>	<p>Date of Receipt 10/13/2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor Doug Cronn</p> <p>Mailing Address of Donor 5333 N. Sonoran Canyon Place</p> <p>City State Zip Tucson AZ 85749</p>	<p>Date of Receipt 10/11/2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Doug Cronn</p> <p>Mailing Address of Donor 5333 N. Sonoran Canyon Pl</p> <p>City State Zip Tucson AZ 85749</p>	<p>Date of Receipt 09/08/2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Tom Crook</p> <p>Mailing Address of Donor 2203 Riverview Drive</p> <p>City State Zip Murfreesboro TN 37129</p>	<p>Date of Receipt 10/11/2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Leslie Deane</p> <p>Mailing Address of Donor 98 Main Street, Suite 205</p> <p>City State Zip Tiburon CA 94920</p>	<p>Date of Receipt 10/09/2004</p> <p>Amount 100000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>450000</p>
<p>TOTAL This Period (sum page 9's line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1290000</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Leslie Deane</p> <hr/> <p>Mailing Address of Donor 98 Main Street, Suite 205</p> <hr/> <p>City State Zip Tiburon CA 94920</p>	<p>Date of Receipt 10 07 2004</p> <hr/> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor David deForrest</p> <hr/> <p>Mailing Address of Donor 1870 Cleveland Road</p> <hr/> <p>City State Zip Miami Beach FL 33141</p>	<p>Date of Receipt 10 11 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Steven Diehl</p> <hr/> <p>Mailing Address of Donor 20311 Parkwood Court</p> <hr/> <p>City State Zip Hagerstown MD 21742</p>	<p>Date of Receipt 10 13 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Greg Dodds</p> <hr/> <p>Mailing Address of Donor 31 Whitcomb Drive</p> <hr/> <p>City State Zip Grosse Pointe Farms MI 48236</p>	<p>Date of Receipt 10 11 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor John Dowd</p> <hr/> <p>Mailing Address of Donor 1529 Crowell Road</p> <hr/> <p>City State Zip Vienna VA 22182</p>	<p>Date of Receipt 10 11 2004</p> <hr/> <p>Amount 2 500 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>4 250 00</p> <hr/> <p>1 715 000</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Willard Edison</p> <hr/> <p>Mailing Address of Donor 6043 Hatton Place</p> <p>City: Ferndale State: WA Zip: 98248</p>	<p>Date of Receipt 10/12/2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Todd Farha</p> <hr/> <p>Mailing Address of Donor 345 Bayshore Blvd, GP 13</p> <p>City: Tampa State: FL Zip: 33606</p>	<p>Date of Receipt 10/11/2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Todd Farha</p> <hr/> <p>Mailing Address of Donor 345 Bayshore Blvd GP 13</p> <p>City: Tampa State: FL Zip: 33606</p>	<p>Date of Receipt 09/11/2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor James Finn</p> <hr/> <p>Mailing Address of Donor 3801 Rocky Point Way</p> <p>City: Santa Rosa State: CA Zip: 95404</p>	<p>Date of Receipt 10/11/2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Gene Foster</p> <hr/> <p>Mailing Address of Donor 435 Dockside Drive #401</p> <p>City: Naples State: LA Zip: 34110</p>	<p>Date of Receipt 10/11/2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <hr/> <p>TOTAL This Period (first page this line number only) ▶ (carry total from next page to Line B)</p>	<p>325000</p> <hr/> <p>2040000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. 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 25000</p>
<p>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 09 19 2004</p> <p>Amount 25000</p>
<p>C. 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 09 24 2004</p> <p>Amount 25000</p>
<p>D. 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 09 08 2004</p> <p>Amount 25000</p>
<p>E. 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 09 20 2004</p> <p>Amount 10000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Form (and page two line number only)</p> <p>(carry total from last page to Line D)</p>	<p>410000</p> <p>2150000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Richard Gable</p> <p>Mailing Address of Donor 4515 Willard Ave., 2318</p> <p>City State Zip Chevy Chase MD 20815</p>	<p>Date of Receipt 10 03 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor lawrence gelman</p> <p>Mailing Address of Donor 3900 sundown dr</p> <p>City State Zip McAllen TX 78503</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor richard gilliam</p> <p>Mailing Address of Donor p.o. box 820</p> <p>City State Zip keswick VA 22947</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor John Gioia</p> <p>Mailing Address of Donor 9524 Mount Vernon Landing</p> <p>City State Zip Alexandria VA 22309</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 250000</p>
<p>E. Full Name of Donor John Gioia</p> <p>Mailing Address of Donor 9524 Mount Vernon Landing</p> <p>City State Zip Alexandria VA 22309</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 250000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>750000</p>
<p>TOTAL This Period (last page for the number only) ▶ (carry total from last page to Line 9)</p>	<p>2900000</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Jerry Glenn <hr/> Mailing Address of Donor 54 Fairway Dr. <hr/> City: Southgate State: KY Zip: 41071	Date of Receipt 10/14/2004 <hr/> Amount 1,600.00
B. Full Name of Donor Edward Gonzalez <hr/> Mailing Address of Donor Four Times Square <hr/> City: New York State: NY Zip: 10036	Date of Receipt 05/20/2004 <hr/> Amount 2,500.00
C. Full Name of Donor Edward Gonzalez <hr/> Mailing Address of Donor Four Times Square, 31-400 <hr/> City: New York State: NY Zip: 10036	Date of Receipt 08/10/2004 <hr/> Amount 2,500.00
D. Full Name of Donor Edward E. Gonzalez <hr/> Mailing Address of Donor Four Times Square, 31st Floor <hr/> City: New York State: NY Zip: 10036	Date of Receipt 10/12/2004 <hr/> Amount 1,000.00
E. Full Name of Donor Oliver R Grace Jr <hr/> Mailing Address of Donor 55 Brookville Road <hr/> City: Brookville State: NY Zip: 11545	Date of Receipt 10/14/2004 <hr/> Amount 500.00
SUBTOTAL of Donations This Page (optional)	3,000.00
TOTAL This Period (last page this line number only) <small>(carry total from last page to Line 9)</small>	3,200.00

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Billy Graham</p> <p>Mailing Address of Donor 1550 Bay Street #209</p> <p>City State Zip San Francisco CA 94123</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Geof Greenberg</p> <p>Mailing Address of Donor 208 Lester Ave.</p> <p>City State Zip Yakima WA 98902</p>	<p>Date of Receipt 08 11 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>C. Full Name of Donor Geoffrey Greenberg</p> <p>Mailing Address of Donor 208 Lester Ave.</p> <p>City State Zip Yakima WA 98902</p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor Geoffrey Greenberg</p> <p>Mailing Address of Donor 208 Lester Ave.</p> <p>City State Zip Yakima WA 98902</p>	<p>Date of Receipt 08 19 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor Tom Gumprecht</p> <p>Mailing Address of Donor 7445 S.E. 71st St</p> <p>City State Zip Mercer Island WA 98040</p>	<p>Date of Receipt 10 11 2004</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 lots from last page to Line 9)</p>	<p>3 4 5 0 0 0 0</p>

SCHEDULE A-A
Donation(s) Received

<p>A. Full Name of Donor James T. Hallett</p> <p>Mailing Address of Donor 2920 Devonhurst D</p> <p>City State Zip Gordonsville VA 22942</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor Thomas J. Harris</p> <p>Mailing Address of Donor 200 West St</p> <p>City State Zip Mandeville LA 70448</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Thomas J. Harris</p> <p>Mailing Address of Donor 200 West St</p> <p>City State Zip Mandeville LA 70448</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Mark Hemstreet</p> <p>Mailing Address of Donor 11600 SW Shilo Lane</p> <p>City State Zip Portland OR 97225</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Thomas Herche</p> <p>Mailing Address of Donor P.O. Box 3837</p> <p>City State Zip Seattle WA 98124</p>	<p>Date of Receipt 10 13 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 line two number only)</p> <p>(carry total from last page to line 9)</p>	<p>3 850 00</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Roy Hinman</p> <p>Mailing Address of Donor 1099 A1A S.</p> <p>City State Zip St. Augustine FL 32080</p>	<p>Date of Receipt 10/13/04</p> <p>Amount 60000</p>
<p>B. Full Name of Donor Roy II Hinman</p> <p>Mailing Address of Donor 1099 A1A S.</p> <p>City State Zip St. Augustine FL 32080</p>	<p>Date of Receipt 10/14/04</p> <p>Amount 50000</p>
<p>C. Full Name of Donor David Hodgman</p> <p>Mailing Address of Donor 9645 Scranton Rd # 120</p> <p>City State Zip San Diego CA 92121</p>	<p>Date of Receipt 10/11/04</p> <p>Amount 100000</p>
<p>D. Full Name of Donor Ann Iverson</p> <p>Mailing Address of Donor 2902 West Lane Drive, Unit E</p> <p>City State Zip Houston TX 77027</p>	<p>Date of Receipt 10/12/04</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Don Jacobson</p> <p>Mailing Address of Donor 115 Farm Road</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 10/09/04</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (page 14)</p>	<p>300000</p>
<p>TOTAL This Period (last page this line number gray)</p> <p>(carry total from last page to Line 6)</p>	<p>4150000</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Don Jacobson</p> <p>Mailing Address of Donor 115 Farm Road</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 02/19/2004</p> <p>Amount 10000</p>
<p>B. Full Name of Donor Don Jacobson</p> <p>Mailing Address of Donor 115 Farm Road</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 05/27/2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Don Jacobson</p> <p>Mailing Address of Donor 115 Farm Road</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 09/15/2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Francis Janson</p> <p>Mailing Address of Donor 1564 Stapler Dr</p> <p>City State Zip Yardley PA 19067</p>	<p>Date of Receipt 08/02/2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Francis Gerard Janson</p> <p>Mailing Address of Donor 1564 Stapler Dr</p> <p>City State Zip Yardley PA 19067</p>	<p>Date of Receipt 10/08/2004</p> <p>Amount 60000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>195000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to LWB 5)</p>	<p>4345000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. 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. 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 02 2004</p> <p>Amount 5 000 00</p>
<p>C. 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 09 02 2004</p> <p>Amount 5 000 00</p>
<p>D. 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>E. 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 (last page and this number only)</p> <p>(carry total from last page to Line 8)</p>	<p>4 895 000</p>

SCHEDULE 5-A
Donation(s) Received

<p>A. Full Name of Donor Ray Kubly</p> <p>Mailing Address of Donor 1112 7th Ave</p> <p>City State Zip Monroe WI 53566</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor michael lattin</p> <p>Mailing Address of Donor 3250 sundance dr</p> <p>City State Zip elko NV 89801</p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Michael Lattin</p> <p>Mailing Address of Donor 3250 Sundance Dr</p> <p>City State Zip Elko NV 89801</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor Kent Lillie</p> <p>Mailing Address of Donor 8033 Legend Creek Dr</p> <p>City State Zip Destin FL 32550</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Kent Lillie</p> <p>Mailing Address of Donor 8033 Legend Creek Dr</p> <p>City State Zip Destin FL 32550</p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 5 000 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>3 250 00</p> <p>5 220 00</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Carl Linder</p> <p>Mailing Address of Donor 8555 Shawnee Run Road</p> <p>City State Zip Cincinnati OH 45243</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 35000000</p>
<p>B. Full Name of Donor george icewenbaum</p> <p>Mailing Address of Donor 1708 windsor road</p> <p>City State Zip austin TX 78703</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Geoffrey Lubsen</p> <p>Mailing Address of Donor 153 Klinesville Rd.</p> <p>City State Zip Flemington NJ 08822</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Geoffrey Lubsen</p> <p>Mailing Address of Donor 153 Klinesville Rd.</p> <p>City State Zip Flemington NJ 08822</p>	<p>Date of Receipt 10 8 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Geoffrey Lubsen</p> <p>Mailing Address of Donor 153 Klinesville Rd.</p> <p>City State Zip Flemington NJ 08822</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 25000</p>

<p>GRAND TOTAL of Donations This Page (optional)</p>	<p>35200000</p>
<p>TOTAL This Period (list page this line number only)</p> <p>(carry over from last page to Line 9)</p>	<p>40420000</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Richard Margolis			Date of Receipt 10 / 14 / 2004 <i>Future</i> Amount 5 0 0 0 0		
Mailing Address of Donor 2910 Valmere Drive					
City	State	Zip			
Malibu	CA	90265			
B. Full Name of Donor Richard Margolis			Date of Receipt 08 / 12 / 2004 <i>Amount</i> 5 0 0 0 0		
Mailing Address of Donor 2910 Valmere Drive					
City	State	Zip			
Malibu	CA	90265			
C. Full Name of Donor Jonathan Mayhew			Date of Receipt 10 / 10 / 2004 <i>Amount</i> 5 0 0 0 0		
Mailing Address of Donor 21 Holly Lane					
City	State	Zip			
Darien	CT	06820			
D. Full Name of Donor Jonathan Mayhew			Date of Receipt 08 / 24 / 2004 <i>Amount</i> 2 5 0 0 0		
Mailing Address of Donor 21 Holly Lane					
City	State	Zip			
Darien	CT	06820			
E. Full Name of Donor Jonathan Mayhew			Date of Receipt 09 / 09 / 2004 <i>Amount</i> 2 5 0 0 0		
Mailing Address of Donor 21 Holly Lane					
City	State	Zip			
Darien	CT	06820			
SUBTOTAL of Donations This Page (optional)			2 0 0 0 0		
TOTAL This Period (last page has the number only) (carry total from last page to Line 9)			4 0 6 2 0 0 0		

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor paul mccarthy</p> <p>Mailing Address of Donor 6316 S. Western</p> <p>City State Zip Chicago IL 60636</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Wilkes McClave</p> <p>Mailing Address of Donor 27 Jingle Lane</p> <p>City State Zip Bedford NY 10506</p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Charles H. McPherson</p> <p>Mailing Address of Donor P.O. Box 902</p> <p>City State Zip Gig Harbour WA 98335</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Jan menke</p> <p>Mailing Address of Donor 1967 BAYVEIW DR</p> <p>City State Zip TIERRA VERDE FL 33715</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Victor Michael</p> <p>Mailing Address of Donor 6807 Foxglove Drive</p> <p>City State Zip Cheyenne WY 82009</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (copy to 9) 5 0 0 0 0 0</p>	
<p>TOTAL This Period (add page this line number only) 4 1 1 2 0 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Victor Michael</p> <p>Mailing Address of Donor 6807 Foxglove Drive</p> <p>City State Zip Cheyenne WY 82009</p>	<p>Date of Receipt 08 16 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor frank michel</p> <p>Mailing Address of Donor 123 davis rd</p> <p>City State Zip malvern PA 19355</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Stuart Milheiser</p> <p>Mailing Address of Donor 33761 Limerick Lane</p> <p>City State Zip San Juan Capistrano CA 92675</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Stuart Milheiser</p> <p>Mailing Address of Donor 33761 Limerick Lane</p> <p>City State Zip San Juan Capistrano CA 92675</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor William Miner</p> <p>Mailing Address of Donor 3868 Bowers Drive</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 25000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>275000</p>
<p>TOTAL This Period (from page 994 line number only)</p> <p>(copy total from last page to line 9)</p>	<p>41395000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William Miner</p> <p>Mailing Address of Donor 3868 Bowers Drive</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 08 19 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor William Miner</p> <p>Mailing Address of Donor 3868 Bowers Drive</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 06 24 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor William Miner</p> <p>Mailing Address of Donor 3868 Bowers Drive</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 09 01 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor Howard Mitnick</p> <p>Mailing Address of Donor 65 Madison Ave.</p> <p>City State Zip Morristown NJ 07960</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 2 500 00</p>
<p>E. Full Name of Donor James Morrison</p> <p>Mailing Address of Donor 3722 91st Place SE</p> <p>City State Zip Everett WA 98208</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 000 00</p>
<p>TOTAL This Period (see page 11a line number only) (carry total from last page to Line 9)</p>	<p>4 159 50 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor mary movick</p> <p>Mailing Address of Donor 157 cottonwood</p> <p>City State Zip coppell TX 75019</p>	<p>Date of Receipt 10 17 2004</p> <p>Amount 1 0 0 0 0</p>
<p>B. Full Name of Donor neil muligan</p> <p>Mailing Address of Donor 339 25TH STREET</p> <p>City State Zip va beach VA 23451</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor James Neison</p> <p>Mailing Address of Donor 1854 ALTA VISTA DR</p> <p>City State Zip ROSEVILLE MN 55113</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor John Nelson</p> <p>Mailing Address of Donor 1205 Johnson Street</p> <p>City State Zip Menlo Park CA 94025</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor John Nelson</p> <p>Mailing Address of Donor 1205 Johnson Street</p> <p>City State Zip Menlo Park CA 94025</p>	<p>Date of Receipt 08 29 2004</p> <p>Amount 2 5 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to line 2)</p>	<p>2 6 5 0 0 0</p> <p>4 1 8 8 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John Nelson</p> <p>Mailing Address of Donor 1205 Johnson Street</p> <p>City State Zip Menlo Park CA 94025</p>	<p>Date of Receipt 09 16 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor G. Mason Oberlin</p> <p>Mailing Address of Donor 48 Duck Cove Cir</p> <p>City State Zip Berlin MD 21811</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 10000</p>
<p>C. Full Name of Donor William F Odom Jr</p> <p>Mailing Address of Donor 228 Deerwood Drive</p> <p>City State Zip Huddleston VA 24104</p>	<p>Date of Receipt 09 04 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Doris Orr</p> <p>Mailing Address of Donor 13911 SE 47th Street</p> <p>City State Zip Bellevue WA 98006</p>	<p>Date of Receipt 09 10 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Mary Walton Percy</p> <p>Mailing Address of Donor 3146 Thomas Ave</p> <p>City State Zip Montgomery AL 36106</p>	<p>Date of Receipt 09 11 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>210000</p>
<p>TOTAL This Period (see page 13a line number only)</p> <p>(carry over from last page to Line 9)</p>	<p>42090000</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Mary Walton Percy</p> <hr/> <p>Mailng Address of Donor 3146 Thomas Ave</p> <hr/> <p>City State Zip Montgomery AL 36106</p>	<p>Date of Receipt 08 20 2004</p> <hr/> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Mary Walton Percy</p> <hr/> <p>Mailng Address of Donor 3146 Thomas Ave</p> <hr/> <p>City State Zip Montgomery AL 36106</p>	<p>Date of Receipt 09 24 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor April Perry</p> <hr/> <p>Mailng Address of Donor 2205 Pembroke Place</p> <hr/> <p>City State Zip Denton TX 76205</p>	<p>Date of Receipt 10 14 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor April Perry</p> <hr/> <p>Mailng Address of Donor 2205 Pembroke Place</p> <hr/> <p>City State Zip Denton TX 76205</p>	<p>Date of Receipt 08 20 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Bob Perry</p> <hr/> <p>Mailng Address of Donor P.O. Box 34153</p> <hr/> <p>City State Zip Houston TX 77234</p>	<p>Date of Receipt 10 12 2004</p> <hr/> <p>Amount 4 500 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>4 517 500 00</p>
<p>TOTAL This Period (last page thru this number only) ▶ (carry total from last page to Line 6)</p>	<p>8 726 500 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Bob Perry</p> <p>Mailing Address of Donor P.O. Box 34153</p> <p>City State Zip Houston TX 77234</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 50000000</p>
<p>B. Full Name of Donor Bob Perry</p> <p>Mailing Address of Donor P.O. Box 34153</p> <p>City State Zip Houston TX 77234</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 50000000</p>
<p>C. Full Name of Donor Trent Pettijohn</p> <p>Mailing Address of Donor 6400 Harrods Court</p> <p>City State Zip Plano TX 75024</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 500000</p>
<p>D. Full Name of Donor Trent Pettijohn</p> <p>Mailing Address of Donor 6400 Harrods Court</p> <p>City State Zip Plano TX 75024</p>	<p>Date of Receipt 08 04 2004</p> <p>Amount 500000</p>
<p>E. Full Name of Donor Jim Phillips</p> <p>Mailing Address of Donor 101 Bull Street</p> <p>City State Zip Charleston SC 29401</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 1000000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>100200000</p>
<p>TOTAL This Form (last page this line number only) (carry over from last page to Line 9)</p>	<p>187465000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor abe podolsky</p> <p>Mailing Address of Donor 4815 avenue N</p> <p>City State Zip brooklyn NY 11234</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor ABRAHAM PODOLSKY</p> <p>Mailing Address of Donor 4815 AVENUE N</p> <p>City State Zip BROOKLYN NY 11234</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor ABRAHAM PODOLSKY</p> <p>Mailing Address of Donor 4815 AVENUE N</p> <p>City State Zip BROOKLYN NY 11234</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Frank Price</p> <p>Mailing Address of Donor 527 Spoieto Drive</p> <p>City State Zip Pacific Palisades CA 90272</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Philip Propper</p> <p>Mailing Address of Donor 4545 La Granada Way</p> <p>City State Zip La Canada CA 91011</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1 000 00</p>
<p>NETOTAL of Donations This Page (optional)</p> <p>TOTAL This Page (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>4 000 00</p> <p>1 878 650 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Barry Reinger</p> <p>Mailing Address of Donor 35 Duck La.</p> <p>City State Zip West Islip NY 11795</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Barry Reinger</p> <p>Mailing Address of Donor 35 Duck La.</p> <p>City State Zip West Islip NY 11795</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Edward Reske</p> <p>Mailing Address of Donor 1004 Sharpsburg Dr., S.E.</p> <p>City State Zip Huntsville AL 35803</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor Paul Reynolds</p> <p>Mailing Address of Donor 5368 fredericksburg rd.</p> <p>City State Zip San Antonio TX 78229</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>E. Full Name of Donor Jeff Rhodes</p> <p>Mailing Address of Donor 3643 Laurel Ridge</p> <p>City State Zip Springdale AR 72764</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>7 1 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>1 8 8 5 7 5 0 0 0</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Augusta Roddis</p> <p>Mailing Address of Donor 1108 E 4th St</p> <p>City State Zip Marshfield WI 54449</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor James Rose</p> <p>Mailing Address of Donor 3567 Rockybar Hollow Lane</p> <p>City State Zip Free Union VA 22940</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor Michael J. Ross</p> <p>Mailing Address of Donor 12826 Dubon Ln</p> <p>City State Zip Saint Louis MO 63131</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Michael J. Ross</p> <p>Mailing Address of Donor 12826 Dubon Ln</p> <p>City State Zip Saint Louis MO 63131</p>	<p>Date of Receipt 10 02 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Adrian O. Rule III</p> <p>Mailing Address of Donor 90 Pheasant Run</p> <p>City State Zip Chagrin Falls OH 44022</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 2 500 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Person (last page this form number only) ▶ (carry total from last page to Line 5)</p>	<p>1 100 000</p> <p>1 896 750 00</p>

SCHEDULE B-A
Donation(s) Received

A. Full Name of Donor Adrian O. Rule III <hr/> Mailing Address of Donor 90 Pheasant Run <hr/> City: Chagrin Falls State: OH Zip: 44022	Date of Receipt 10/08/2004 <hr/> Amount 10000
B. Full Name of Donor Earl Rupp <hr/> Mailing Address of Donor 1495 E 14th St <hr/> City: San Leandro State: CA Zip: 94577	Date of Receipt 10/08/2004 <hr/> Amount 47500
C. Full Name of Donor Earl Rupp <hr/> Mailing Address of Donor 1495 E 14th St <hr/> City: San Leandro State: CA Zip: 94577	Date of Receipt 10/02/2004 <hr/> Amount 52500
D. Full Name of Donor James Russell <hr/> Mailing Address of Donor 1820 NE 104th Ave, Apt 66 <hr/> City: Portland State: OR Zip: 97220	Date of Receipt 10/09/2004 <hr/> Amount 50000
E. Full Name of Donor James Russell <hr/> Mailing Address of Donor 1820 NE 104th Ave Apt 66 <hr/> City: Portland State: OR Zip: 97220	Date of Receipt 10/09/2004 <hr/> Amount 20000

SUBTOTAL of Donations This Page (updated)	180000
TOTAL This Page (last page the line number only) <small>(carry total from last page to line 9)</small>	183855000

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor James Russell</p> <p>Mailing Address of Donor 1820 NE 104th Ave Apt 66</p> <p>City State Zip Portland OR 97220</p>	<p>Date of Receipt 09/03/2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor George Saimas</p> <p>Mailing Address of Donor 1880 Century Park East</p> <p>City State Zip Los Angeles CA 90067</p>	<p>Date of Receipt 09/14/2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor George Saimas</p> <p>Mailing Address of Donor 1880 Century Park East, Suite 420</p> <p>City State Zip Los Angeles CA 90067</p>	<p>Date of Receipt 08/18/2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor George Saimas</p> <p>Mailing Address of Donor 1880 Century Park East, Suite 420</p> <p>City State Zip Los Angeles CA 90067</p>	<p>Date of Receipt 08/09/2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Mesheil Schloss</p> <p>Mailing Address of Donor 10308 Bayless Lane</p> <p>City State Zip Fort Wayne IN 46804</p>	<p>Date of Receipt 10/13/2004</p> <p>Amount 250000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>400000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 8)</p>	<p>190255000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Meshell Schloss</p> <p>Mailing Address of Donor 10308 Bayless Lane</p> <p>City State Zip Fort Wayne IN 46804</p>	<p>Date of Receipt 09 29 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Wilfred Schuemann</p> <p>Mailing Address of Donor 1450A Tucker Road</p> <p>City State Zip Hood River OR 97031</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Wilfred Schuemann</p> <p>Mailing Address of Donor 1450A Tucker Road</p> <p>City State Zip Hood River OR 97031</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Paul Schulstad</p> <p>Mailing Address of Donor 20 Eckert Farm Road</p> <p>City State Zip Saddle River NJ 07458</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Stace Sewell</p> <p>Mailing Address of Donor 7035 Bremerton</p> <p>City State Zip Dallas TX 75252</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 5 000 00</p>

<p>GRAND TOTAL of Donations This Page (optional)</p>	<p>2 500 00</p>
<p>TOTAL This Period (See page 555 line number only)</p> <p>(carry total from last page to LINE 9)</p>	<p>1 905 050 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Stace Sewell</p> <p>Mailing Address of Donor 7035 Brennerton</p> <p>City State Zip Dallas TX 75252</p>	<p>Date of Receipt: 08 29 2004</p> <p>Amount: 5 00 00</p>
<p>B. Full Name of Donor Terry Shaftel</p> <p>Mailing Address of Donor 32 walnut Avenue</p> <p>City State Zip Los gatos CA 95030</p>	<p>Date of Receipt: 11 20 04</p> <p>Amount: 5 00 00</p>
<p>C. Full Name of Donor Terry Shaftel</p> <p>Mailing Address of Donor 32 Walnut Avenue</p> <p>City State Zip Los Gatos CA 95030</p>	<p>Date of Receipt: 08 27 2004</p> <p>Amount: 5 00 00</p>
<p>D. Full Name of Donor Thomas Shanahan</p> <p>Mailing Address of Donor 100 Manzanita Way</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt: 10 14 2004</p> <p>Amount: 5 00 00</p>
<p>E. Full Name of Donor David Shemwell</p> <p>Mailing Address of Donor 535 36th Ave E</p> <p>City State Zip Seattle WA 98112</p>	<p>Date of Receipt: 10 14 2004</p> <p>Amount: 1 00 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 00 00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>1 90 80 50 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Alvin Sherman</p> <hr/> <p>Mailing Address of Donor 3000 Island Blvd</p> <hr/> <p>City State Zip Aventura FL 33160</p>	<p>Date of Receipt 10 22 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Alvin Sherman</p> <hr/> <p>Mailing Address of Donor 3000 Island Blvd</p> <hr/> <p>City State Zip Aventura FL 33160</p>	<p>Date of Receipt 10 22 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor ALVIN SHERMAN</p> <hr/> <p>Mailing Address of Donor 3000 ISLAND BLVD</p> <hr/> <p>City State Zip AVENTURA FL 33160</p>	<p>Date of Receipt 10 30 2004</p> <hr/> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor Lee Solaroli</p> <hr/> <p>Mailing Address of Donor c/o Starrex, Inc. 750 Main Street, P.O.</p> <hr/> <p>City State Zip Warren MA 01083</p>	<p>Date of Receipt 10 12 2004</p> <hr/> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Peter Stent</p> <hr/> <p>Mailing Address of Donor 170 Jesselyn Ln</p> <hr/> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 10 12 2004</p> <hr/> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 250 00</p>
<p>TOTAL This Period (add page this line number only) (carry over from last page to Line 9)</p>	<p>191 130 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Richard Strain</p> <p>Mailing Address of Donor 5001 SW 70 Ave</p> <p>City State Zip Davie FL 33314</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Richard Strain</p> <p>Mailing Address of Donor 5001 SW 70 Ave</p> <p>City State Zip Davie FL 33314</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Richard Strain</p> <p>Mailing Address of Donor 5001 sw 70 Ave</p> <p>City State Zip Davie FL 33314</p>	<p>Date of Receipt 10 02 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor James Tegeder</p> <p>Mailing Address of Donor 4716 Ridge Water CT</p> <p>City State Zip Holly Springs NC 27540</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor James Tegeder</p> <p>Mailing Address of Donor 4716 Ridge Water CT</p> <p>City State Zip Holly Springs NC 27540</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 5 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 100 00</p>
<p>TOTAL This Period (incl page this line number only)</p> <p>(carry total from last page to line B)</p>	<p>1 913 400 00</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor C. Phillip Thojen</p> <p>Mailing Address of Donor 4203 East 75th Place</p> <p>City State Zip Tulsa OK 74136</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 5000000</p>
<p>B. Full Name of Donor Paul Thomas</p> <p>Mailing Address of Donor PO Box 11085</p> <p>City State Zip Truckee CA 96162</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor M Ray Thomasson</p> <p>Mailing Address of Donor 1410 High Street</p> <p>City State Zip Denver CO 80218</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 1000000</p>
<p>D. Full Name of Donor Arthur H. Tiger</p> <p>Mailing Address of Donor 8 Glenbrook Dr</p> <p>City State Zip Mendham NJ 07845</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Norman Traverse</p> <p>Mailing Address of Donor 1744 South Ocean Blvd</p> <p>City State Zip Palm Beach FL 33480</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1000000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>6350000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>196590000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Donald Tucker</p> <p>Mailing Address of Donor 6406 W Halbert Rd</p> <p>City State Zip Bethesda MD 20817</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Donald and Karen Tucker</p> <p>Mailing Address of Donor 6406 West Halbert Rd.</p> <p>City State Zip Bethesda MD 20817</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Michael Valentine</p> <p>Mailing Address of Donor 1861 Dexter Avenue</p> <p>City State Zip Cincinnati OH 45206</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 250000</p>
<p>D. Full Name of Donor cynthia vier</p> <p>Mailing Address of Donor 7606 W 99th Ter</p> <p>City State Zip Overland Park KS 66212</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Gary L. Waddington</p> <p>Mailing Address of Donor 11476 East Desert Troon Lane</p> <p>City State Zip Scottsdale AZ 85255</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 100000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>550000</p>
<p>TOTAL This Period (last page has line number only)</p> <p>(carry total from last page to Line 5)</p>	<p>197240000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Beth Wade</p> <p>Mailing Address of Donor 1112 Park Avenue, #9A</p> <p>City State Zip New York NY 10128</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 250000</p>
<p>B. Full Name of Donor Robert T. Walsh</p> <p>Mailing Address of Donor 136 Smithfield Ct.</p> <p>City State Zip Basking Ridge NJ 07920</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 1000000</p>
<p>C. Full Name of Donor Roy Weiland</p> <p>Mailing Address of Donor 18 Rolling Hill Court</p> <p>City State Zip Madison NJ 07940</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Roy Weiland</p> <p>Mailing Address of Donor 18 Rolling Hill Court</p> <p>City State Zip Madison NJ 07940</p>	<p>Date of Receipt 10 31 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Billy Wilks</p> <p>Mailing Address of Donor 9136 Heather Lane</p> <p>City State Zip Moss Point MS 39562</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1400000</p>
<p>TOTAL This Period (last page file line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>198640000</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor billy wilks</p> <p>Mailing Address of Donor 9136 heather ln</p> <p>City State Zip moss point MS 39562</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Edward Wnorowski, Jr.</p> <p>Mailing Address of Donor 11307 River Knoll Drive</p> <p>City State Zip Jacksonville FL 32225</p>	<p>Date of Receipt 08 14 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Edward Wnorowski, Jr.</p> <p>Mailing Address of Donor 11307 River Knoll Drive</p> <p>City State Zip Jacksonville FL 32225</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Taras Wolansky</p> <p>Mailing Address of Donor 400 Willow Tree Rd.</p> <p>City State Zip Leonia NJ 07605</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Taras Wolansky</p> <p>Mailing Address of Donor 400 Willow Tree Rd.</p> <p>City State Zip Leonia NJ 07605</p>	<p>Date of Receipt 08 26 2004</p> <p>Amount 5 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 500 00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry over from last page to Line 9)</p>	<p>1 986 000 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert Woodings</p> <p>Mailing Address of Donor 6 Meadowood Drive</p> <p>City State Zip Pittsburgh PA 15215</p>	<p>Date of Receipt 10/11/2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor William Young</p> <p>Mailing Address of Donor 10 Eliot Road</p> <p>City State Zip Lexington MA 02421</p>	<p>Date of Receipt 10/14/2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Robert Zoeller</p> <p>Mailing Address of Donor 1909 Eimore St</p> <p>City State Zip Louisville KY 40216</p>	<p>Date of Receipt 10/22/2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</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>4,000.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to line 9)</p>	<p>19,929,000.00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payer Chris LaCivita Consulting				Date of Disbursement or Obligation 09 29 2004	
Mailing Address of Payer 13604 Timberlake Court				Amount 333500	
City Midlothian	State VA	Zip Code 23311	Communication Date 10 15 2004		
Name of Employer Occupation:					
Purpose of Disbursement (including title(s) of communication(s)) Media Copywriting & Production					
Name of Federal Candidate John F. Kerry	Office Sought <input type="checkbox"/> House <input checked="" 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	Disbursement/Obligation For:		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:		
B. Full Name (Last, First, Middle Initial) of Payer Mentzer Media Services				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payer 600 Fairmount Avenue, Suite 306				Amount 20673360	
City Towson	State MD	Zip Code 21286	Communication Date 10 15 2004		
Name of Employer Occupation:					
Purpose of Disbursement (including title(s) of communication(s)) Media Commission					
Name of Federal Candidate John F. Kerry	Office Sought <input type="checkbox"/> House <input checked="" 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	Disbursement/Obligation For:		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:		
SUBTOTAL of Disbursements/Obligations This Page (optional)				21006650	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				21006660	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WJFW-TV				Date of Disbursement or Obligation 10 19 2004	
Mailing Address of Payee 4 Seagate				Amount 9,222.50	
City Toledo	State OH	Zip Code 43604		Communication Date 10 15 2004	
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. Full Name (Last, First, Middle Initial) of Payee WNWO-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 300 South Byrne Road				Amount 4,459.95	
City Toledo	State OH	Zip Code 43615		Communication Date 10 15 2004	
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) ▶		
SUBTOTAL of Disbursements/Obligations This Page (if/when) ▶				5,382.20	
TOTAL This Period (last page this line number only) ▶ (carry data from last page to Line 10)				26,388.60	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WTOL-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 730 North Summit Street				Amount 510000	
City Toledo	State OH	Zip Code 43699	Communication Date 10 15 2004		
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 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	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name (Last, First, Middle Initial) of Payee WTVG-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 4257 Dor Street				Amount 8160000	
City Toledo	State OH	Zip Code 43607	Communication Date 10 15 2004		
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 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	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	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)				8670000	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				35058860	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WYFX-TV				Date of Disbursement or Obligation 10/15/2004	
Mailing Address of Payee 3930 Sunset Blvd				Amount 4,250.00	
City	State	Zip Code		Communication Date	
Youngstown	OH	44512		10/15/2004	
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 checked="" type="checkbox"/>	Senate	District	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		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
		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
		President		<input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee WKBN-TV				Date of Disbursement or Obligation 10/13/2004	
Mailing Address of Payee 3930 Sunset Blvd				Amount 2,775.25	
City	State	Zip Code		Communication Date	
Youngstown	OH	44512		10/13/2004	
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 checked="" type="checkbox"/>	Senate	District	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		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
		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
		President		<input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement(s)/Obligations This Page (addend)				3,200.25	
TOTAL This Page (last page this line number only) (carry total from last page to line 10)				3,825.91	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WFML-TV		Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 101 West Boardman Street		Amount 2601000	
City Youngstown	State OH	Zip Code 44503	Communication Date 10 16 2004
Name of Employer Occupant			
Purpose of Disbursement (including title) 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. Full Name (Last, First, Middle Initial) of Payee WYTV-TV		Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 3800 Shady Run Road		Amount 2044250	
City Youngstown	State OH	Zip Code 44502	Communication Date 10 15 2004
Name of Employer Occupation			
Purpose of Disbursement (including title) 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)
SUBTOTAL of Disbursements/Obligations This Page (optional)		4645250	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)		42904380	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WHIO-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 1414 Wilmington Avenue				Amount 5350100	
City Dayton	State OH	Zip Code 45420		Communication Date 10 15 2004	
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. Full Name (Last, First, Middle Initial) of Payee WDTN-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 4595 South Dixie				Amount 1003850	
City Dayton	State OH	Zip Code 45439		Communication Date 10 15 2004	
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)		
SUBTOTAL of Disbursements/Obligations This Page (optional)				6363950	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				49268310	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WKEF-TV		Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 1731 Soldiers Home Road		Amount 680000	
City Dayton	State OH	Zip Code 45418	Communication Date 10 15 2004
Name of Employer Occupant			
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 checked="" 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. Full Name (Last, First, Middle Initial) of Payee WRGT-TV		Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 45 Broadcast Plaza		Amount 1275000	
City Dayton	State OH	Zip Code 45408	Communication Date 10 15 2004
Name of Employer Occupant			
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 checked="" 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)		1955000	
TOTAL This Period (last page this line number only) (copy total from last page to Line 10)		51223340	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WKRC-TV				Date of Disbursement or Obligation 1 0 3 1 3 2 0 0 4	
Mailing Address of Payee 1906 Highland Avenue				Amount 6 5 7 9 0 0 0	
City	State	Zip Code		Communication Date	
Cincinnati	OH	45219		1 0 3 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	Office Sought	House	State	Disbursement/Obligation For:	
John F. Kerry		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:	
		Senate	District	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
		Senate	District	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee WCPO-TV				Date of Disbursement or Obligation 1 0 3 1 3 2 0 0 4	
Mailing Address of Payee 1720 Gilbert Avenue				Amount 1 1 3 1 3 5 0 0	
City	State	Zip Code		Communication Date	
Cincinnati	OH	45202		1 0 3 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	Office Sought	House	State	Disbursement/Obligation For:	
John F. Kerry		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:	
		Senate	District	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
		Senate	District	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations Tax Paid (optional)				1 7 8 9 2 5 0 0	
TOTAL This Period (last page this line number only)				6 9 1 1 5 8 1 0	
(carry total from last page to Line 10)					

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WXIX-TV				Date of Disbursement or Obligation 10/15/2004	
Mailing Address of Payee 635 West 7th Street				Amount 1827500	
City Cincinnati	State OH	Zip Code 45203	Communication Date 10/15/2004		
Name of Employer COLUMBIA					
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	State	Disbursement/Obligation For		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For		
B. Full Name (Last, First, Middle Initial) of Payee WLWT-TV				Date of Disbursement or Obligation 10/13/2004	
Mailing Address of Payee 1700 Young Street				Amount 1895500	
City Cincinnati	State OH	Zip Code 45202	Communication Date 10/15/2004		
Name of Employer COLUMBIA					
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	State	Disbursement/Obligation For		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For		
SUBTOTAL of Disbursements/Obligations This Page (attach)				3723000	
TOTAL This Period (last page this line number only) (copy info from last page to line 10)				72838810	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WJW-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 5800 South Marginal Road				Amount 4309500	
City Cleveland		State OH	Zip Code 44103		Communication Date 10 15 2004
Name of Employer Campaign					
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. Full Name (Last, First, Middle Initial) of Payee WKYC-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 1333 Lakeside Avenue				Amount 2754000	
City Cleveland		State OH	Zip Code 44114		Communication Date 10 15 2004
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) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)				7063500	
TOTAL This Period (last page this line number only) (carry total from next page to Line 40)				79902310	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WOIO-TV				Date of Disbursement or Obligation MONTH DAY YEAR 10 13 2004	
Mailing Address of Payee 1717 East 12th Street				Amount \$ 6,261.00	
City Cleveland	State OH	Zip Code 44114	Communication Date 10 15 2004		
Name of Employer Campaign					
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. Full Name (Last, First, Middle Initial) of Payee WEWS-TV				Date of Disbursement or Obligation MONTH DAY YEAR 10 13 2004	
Mailing Address of Payee 3001 Euclid Avenue				Amount \$ 4,675.00	
City Cleveland	State OH	Zip Code 44115	Communication Date 10 15 2004		
Name of Employer Campaign					
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):		
SUBTOTAL of Disbursements/Obligations This Page (optional)				8301100	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				88203410	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle initial) of Payer WBNS-TV		Date of Disbursement or Obligation 10/13/2004
Mailing Address of Payer 770 Twin Rivers Drive		Amount 2860000
City Columbus	State OH	Identification Date 10/16/2004
Zip Code 43215	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	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
B. Full Name (Last, First, Middle initial) of Payer WSYX-TV		Date of Disbursement or Obligation 10/13/2004
Mailing Address of Payer 1261 Dublin Road		Amount 317900
City Columbus	State OH	Identification Date 10/15/2004
Zip Code 43215	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	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional)		2697900
TOTAL This Period (last page the line number only) (only total from last page to Line 10)		90901310

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle initial) of Payee WCMH-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 3165 Olenlangy River Road				Amount 1895500	
City	State	Zip Code		Communication Date	
Columbus	OH	43202		10 15 2004	
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 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	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	<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"/>	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle initial) of Payee WTTT-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 3165 Olenlangy River Road				Amount 2040000	
City	State	Zip Code		Communication Date	
Columbus	OH	43202		10 15 2004	
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 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	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	<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"/>	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligations (This Page optional)				3935500	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				84836810	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WRDO-TV		Date of Disbursement or Obligation 10 13 2004
Mailing Address of Payee 398 South 5th Street		Amount 3182400
City Colorado Springs	State CO	Zip Code 80905
Name of Employer _____		Occupation _____
Purpose of Disbursement (including type of communication(s)) Media Buy		
Name of Federal Candidate John F. Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee KOAA-TV		Date of Disbursement or Obligation 10 13 2004
Mailing Address of Payee 2200 7th Avenue		Amount 1462000
City Pueblo	State CO	Zip Code 81003
Name of Employer _____		Occupation _____
Purpose of Disbursement (including type of communication(s)) Media Buy		
Name of Federal Candidate John F. Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)		4644400
TOTAL This Period (Last page this line number only) (carry total from end page to line 10)		9481210

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
KKTV-TV

Mailing Address of Payee
3100 North Nevada Avenue

City **State** **Zip Code**
Colorado Springs **CO** **80907**

Name of Employer **Occupation**

Date of Disbursement or Obligation
10/13/2004

Amount
11813500

Communication Date
10/15/2004

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. Full Name (Last, First, Middle Initial) of Payee
KXRM-TV

Mailing Address of Payee
560 Wooten Road

City **State** **Zip Code**
Colorado Springs **CO** **80915**

Name of Employer **Occupation**

Date of Disbursement or Obligation
10/13/2004

Amount
804000

Communication Date
10/15/2004

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) _____

SUBTOTAL of Disbursements/Obligations This Page (optional) _____ ▶

TOTAL This Period (last page this line number only) _____ ▶
(carry total from last page to L116-10)

12197500
111673710

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KUSA-TV				Date of Disbursement or Obligation 10/13/2004	
Mailing Address of Payee 500 Speer Blvd				Amount 15133000	
City Denver	State CO	Zip Code 80203		Communication Date 10/15/2004	
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. Full Name (Last, First, Middle Initial) of Payee KMGH-TV				Date of Disbursement or Obligation 10/13/2004	
Mailing Address of Payee 123 Speer Blvd				Amount 8712500	
City Denver	State CO	Zip Code 80203		Communication Date 10/15/2004	
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)	
SUBTOTAL of Disbursements/Obligations This Page (optional)				24845500	
TOTAL This Period (last page the line number only) (carry total from last page (i.e. Line 10))				130524210	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KCNC-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 1044 Lincoln Street				Amount 3179000	
City	State	Zip Code		Communication Date	
Denver	CO	80203		10 16 2004	
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. Full Name (Last, First, Middle Initial) of Payee KOVR-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 100 East Speer Blvd				Amount 2405500	
City	State	Zip Code		Communication Date	
Denver	CO	80203		10 15 2004	
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) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)				5584500	
TOTAL This Period (last page this line number only) (carry total from last page to Line 1C)				142108710	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KJCT-TV				Date of Disbursement or Obligation 10 / 13 / 2004	
Mailing Address of Payee 8 Foresight Circle				Amount 1883800	
City Grand Junction	State CO	Zip Code 81505		Communication Date 10 / 15 / 2004	
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. Full Name (Last, First, Middle Initial) of Payee KFQX-TV				Date of Disbursement or Obligation 10 / 15 / 2004	
Mailing Address of Payee 345 Hillcrest Manor				Amount 850000	
City Grand Junction	State CO	Zip Code 81501		Communication Date 10 / 15 / 2004	
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) _____		
SUBTOTAL of Disbursements/Obligations This Page (optional)				2743800	
TOTAL This Period (last page use the number only) (carry over from last page to line 10)				144852510	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KKCO-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 2325 Interstate Avenue				Amount 63,197.50	
City Grand Junction	State CO	Zip Code 81505		Communication Date 10 13 2004	
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	State District	Disbursement/Obligation For		
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For		
B. Full Name (Last, First, Middle Initial) of Payee Stevens Reed Curcio & Potholm				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 305 Cameron Street				Amount 16,958.00	
City Alexandria	State VA	Zip Code 22314		Communication Date 10 13 2004	
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 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)				80,155.50	
TOTAL This Period (see page one line number only) (carry total from last page to Line 10)				152,869.80	

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

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