

NOV 18 AM 22

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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

(a) Name Swift Boat Vets and POWs for Truth		2. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. Box 26184		
(c) City, State and ZIP Code Alexandria, VA 22313		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

3. Is This Statement	or	4. Covering Period	New	1 0	0 1	2 0 0 4
			Amended	1 0	0 4	2 0 0 4

5. (a) Date of Public Distribution(s) 1 0 0 5; 2 0 0 4 (b) Communication Title French

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Weymouth D. Symmes	
(b) Address (number and street) P.O. Box 26184	
(c) City, State and ZIP Code Alexandria, VA 22313	
(d) Name of Employer or Principal Place of Business Retired	(e) Occupation Retired

9. Total Donations This Statement 1 3 0, 7 5 5, 0 0

10. Total Disbursements/Obligations This Statement 1 7 2, 1 6 0, 7 5

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 [Signature] DATE 11/17/2004

NOTE: Submission of this form does not constitute an admission of any violation of the provisions of 2 U.S.C. §4373

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

PAGE 2 OF 25

11. Person(s) Sharing/Exercising Control

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

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 25

A. Full Name of Donor Lonnie L Abernethy Mailing Address of Donor 4301 Santa Rita City State Zip El Paso TX 79902	Date of Receipt 10 02 2004 Amount 500.00
B. Full Name of Donor THOMAS ALLISON Mailing Address of Donor PO BOX 10220 City State Zip ST PETERSBURG FL 33733	Date of Receipt 10 01 2004 Amount 500.00
C. Full Name of Donor THOMAS ALLISON Mailing Address of Donor PO BOX 10220 City State Zip ST PETERSBURG FL 33733	Date of Receipt 08 24 2004 Amount 500.00
D. Full Name of Donor Steven Apple Mailing Address of Donor 800 Liberty Bldg City State Zip Buffalo NY 14202	Date of Receipt 10 01 2004 Amount 1000.00
E. Full Name of Donor David Baird Mailing Address of Donor 1901 60th Place E, #L3147 City State Zip Bradenton FL 34203	Date of Receipt 10 04 2004 Amount 1000.00
SUBTOTAL of Donations This Page (optional)	3,500.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	3,500.00

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Marc Benitez			Date of Receipt 1 0 0 4 2 0 0 4	
Mailing Address of Donor 44450 Ocotilo Drive			Amount 1 0 0 0 0 0	
City	State	Zip		
La Quinta	CA	92253		
B. Full Name of Donor Donald E. Benkert			Date of Receipt 1 0 0 4 2 0 0 4	
Mailing Address of Donor 1234 Blair Ave.			Amount 1 0 0 0 0 0	
City	State	Zip		
South Pasadena	CA	91030		
C. Full Name of Donor George Bitting			Date of Receipt 0 9 2 7 2 0 0 4	
Mailing Address of Donor 120 Sachuest Way			Amount 1 0 0 0 0 0	
City	State	Zip		
Middletown	RI	02842		
D. Full Name of Donor George C Bitting			Date of Receipt 0 9 1 0 2 0 0 4	
Mailing Address of Donor 120 Sachuest Way			Amount 1 0 0 0 0 0	
City	State	Zip		
Middletown	RI	02842		
E. Full Name of Donor George C Bitting			Date of Receipt 0 8 1 2 2 0 0 4	
Mailing Address of Donor 120 Sachuest Way			Amount 1 0 0 0 0 0	
City	State	Zip		
Middletown	RI	02842		
SUBTOTAL of Donations This Page (optional)			2 3 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			5 8 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor George C Bitting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 08 14 2004</p> <p>Amount 100.00</p>
<p>B. Full Name of Donor George C Bitting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 09 18 2004</p> <p>Amount 100.00</p>
<p>C. Full Name of Donor George C Bitting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 08 17 2004</p> <p>Amount 100.00</p>
<p>D. Full Name of Donor George C. Bitting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 08 01 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor George C. Bitting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 100.00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>900.00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>6700.00</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor George C. Bitting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 100.00</p>
<p>B. Full Name of Donor George C. Bitting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 100.00</p>
<p>C. Full Name of Donor Tikoes Blankenburg</p> <p>Mailing Address of Donor 15572 Middletown Park Dr.</p> <p>City State Zip Redding CA 96001</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 2500.00</p>
<p>D. Full Name of Donor Stephen F. Brauer</p> <p>Mailing Address of Donor 11250 Hunter Dr.</p> <p>City State Zip Bridgeton MO 63044</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 10000.00</p>
<p>E. Full Name of Donor Greg Brown</p> <p>Mailing Address of Donor 11921 Grandview</p> <p>City State Zip Columbus IN 47201</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 5000.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>43200.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>199000.00</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 7 OF 25

A. Full Name of Donor Rodney Chadwick			Date of Receipt M Y C D Y M D 1 0 0 4 2 0 0 4	
Mailing Address of Donor 109 Golf View Drive			Amount 1 0 0 0 0 0	
City Cohutta	State GA	Zip 30710		
B. Full Name of Donor J. W. Childs			Date of Receipt M Y C D Y M D 1 0 0 4 2 0 0 4	
Mailing Address of Donor 111 Huntington Ave., Ste. 2900			Amount 1 0 0 0 0 0	
City Boston	State MA	Zip 02199		
C. Full Name of Donor david clement			Date of Receipt M Y C D Y M D 1 0 0 4 2 0 0 4	
Mailing Address of Donor 7 charles street #3			Amount 5 0 0 0 0 0	
City new york	State NY	Zip 10014		
D. Full Name of Donor david clement			Date of Receipt M Y C D Y M D 0 9 2 9 2 0 0 4	
Mailing Address of Donor 7 charles street #3			Amount 5 0 0 0 0 0	
City new york	State NY	Zip 10014		
E. Full Name of Donor Robert R. Cleveland			Date of Receipt M Y C D Y M D 1 0 0 1 2 0 0 4	
Mailing Address of Donor P.O. Box 681400			Amount 2 5 0 0 0 0	
City Kansas City	State MO	Zip 64168		
SUBTOTAL of Donations This Page (optional)			1 4 5 0 0 0 0	
TOTAL (This Period (last page this line number only) (carry total from last page to Line 9))			3 4 4 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

PAGE 8 OF 25

A. Full Name of Donor Paul E. Crow <hr/> Mailing Address of Donor 2731 Timberleaf Dr. <hr/> City State Zip Carrollton TX 75006	Date of Receipt 0 9 2 2 2 0 0 4 <hr/> Amount 5 0 0 0 0
B. Full Name of Donor George G. Daniels <hr/> Mailing Address of Donor P.O. Box 590007 <hr/> City State Zip Orlando FL 32859	Date of Receipt 1 0 0 4 2 0 0 4 <hr/> Amount 5 0 0 0 0
C. Full Name of Donor Dick Davis <hr/> Mailing Address of Donor 39 Evening Star Dr. <hr/> City State Zip Rancho Mirage CA 92270	Date of Receipt 1 0 0 4 2 0 0 4 <hr/> Amount 1 0 0 0 0
D. Full Name of Donor Richard Deprospero <hr/> Mailing Address of Donor 7366 Big Cypress Dr <hr/> City State Zip Miami Lakes FL 33014	Date of Receipt 1 0 0 4 2 0 0 4 <hr/> Amount 1 0 0 0 0
E. Full Name of Donor Greg Dodds <hr/> Mailing Address of Donor 31 Whitcomb Drive <hr/> City State Zip Grosse Pointe Farms MI 48236	Date of Receipt 1 0 0 4 2 0 0 4 <hr/> Amount 1 0 0 0 0
SUBTOTAL of Donations This Page (optional)	8 5 0 1 0 0
TOTAL This Period (last page into line number only) (carry total from last page to Line B)	4 2 9 0 1 0 0

SCHEDULE 9-A
Donation(s) Received

PAGE 9 OF 25

A. Full Name of Donor Tom Erickson <hr/> Mailing Address of Donor 12353 Whitefish Ave. <hr/> City State Zip Crosslake MN 56442	Date of Receipt M M D D Y Y 1 0 0 1 2 0 0 4 Amount 1 0 0 0 0 0
B. Full Name of Donor Katherine Ernst <hr/> Mailing Address of Donor 4500 Viejo Road <hr/> City State Zip Carmel CA 93923	Date of Receipt M M D D Y Y 1 0 0 4 2 0 0 4 Amount 5 0 0 0 0 0
C. Full Name of Donor brian follett <hr/> Mailing Address of Donor BOX 01717095 <hr/> City State Zip SIOUX FALLS SD 57186	Date of Receipt M M D D Y Y 1 0 0 1 2 0 0 4 Amount 2 5 0 0 0 0
D. Full Name of Donor Clark Frankel <hr/> Mailing Address of Donor 65 West 13 St. <hr/> City State Zip New York NY 10011	Date of Receipt M M D D Y Y 1 0 0 4 2 0 0 4 Amount 5 0 0 0 0 0
E. Full Name of Donor Michael Futrell <hr/> Mailing Address of Donor 10875 Belle Cour Way <hr/> City State Zip Shreveport LA 71106	Date of Receipt M M D D Y Y 1 0 0 4 2 0 0 4 Amount 1 0 0 0 0 0
SUBTOTAL of Donations This Page (optional)	5 5 0 0 0 0
TOTAL This Period (Use page this line number only) <small>(carry total from last page to Line 9)</small>	4 8 4 0 1 0 0

SCHEDULE 9-A
Donation(s) Received

PAGE 10 OF 25

A. Full Name of Donor Richard Gable			Date of Receipt M M Y Y 1 0 0 3 2 0 0 4	
Mailing Address of Donor 4515 Willard Ave, Apt. 2318			Amount 5 0 0 0 0	
City Chevy Chase	State MD	Zip 20815		
B. Full Name of Donor Mike Gerawan			Date of Receipt M M Y Y 1 0 0 4 2 0 0 4	
Mailing Address of Donor 21249 E. Jefferson			Amount 2 5 0 0 0 0	
City Reedley	State CA	Zip 93654		
C. Full Name of Donor Kenneth R. Gill, Jr.			Date of Receipt M M Y Y 1 0 0 4 2 0 0 4	
Mailing Address of Donor 817 Waterfall Way			Amount 1 0 0 0 0 0	
City Chesapeake	State VA	Zip 23320		
D. Full Name of Donor Robert M. Ginnings			Date of Receipt M M Y Y 1 0 0 4 2 0 0 4	
Mailing Address of Donor P.O. Box 6870			Amount 1 0 0 0 0 0	
City McLean	State VA	Zip 22106		
E. Full Name of Donor Jerry Glenn			Date of Receipt M M Y Y 1 0 0 1 2 0 0 4	
Mailing Address of Donor 54 Fairway Dr.			Amount 1 0 0 0 0 0	
City Southgate	State KY	Zip 41071		
SUBTOTAL of Donations This Page (optional)			6 0 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			5 5 4 0 1 0 0	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Tom Gumprecht			Date of Receipt 1 0 0 1 2 0 0 4	
Mailing Address of Donor 7445 S.E. 71st St			Amount 2 5 0 0 0	
City Mercer Island	State WA	Zip 98040		
B. Full Name of Donor Joseph E. Hackett			Date of Receipt 1 0 0 4 2 6 0 4	
Mailing Address of Donor 44 W. Saddle River Rd.			Amount 1 0 0 0 0 0	
City Saddle River	State NJ	Zip 07458		
C. Full Name of Donor James A. Hartman			Date of Receipt 1 0 0 4 2 0 0 4	
Mailing Address of Donor 4512 Newlands St.			Amount 2 0 0 0 0 0	
City Metairie	State LA	Zip 70006		
D. Full Name of Donor James A. Hartman			Date of Receipt 0 9 0 2 2 0 0 4	
Mailing Address of Donor 4512 Newlands St			Amount 3 0 0 0 0	
City Metairie	State LA	Zip 70006		
E. Full Name of Donor William J. Hayes			Date of Receipt 1 0 0 4 2 0 0 4	
Mailing Address of Donor P.O. Box 25			Amount 1 0 0 0 0 0	
City W. Barnstable	State MA	Zip 02668		
SUBTOTAL of Donations This Page (optional)			4 5 5 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			5 8 9 5 1 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Roberta Hazlett</p> <p>Mailing Address of Donor 2614 Tamiami Tr. No.</p> <p>City State Zip Naples FL 34103</p>	<p>Date of Receipt 10 01 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Roberta Hazlett</p> <p>Mailing Address of Donor 2614 Tamiami Trail No.</p> <p>City State Zip Naples FL 34103</p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Ron Hazlett</p> <p>Mailing Address of Donor 2614 Tamiami Trl. N.</p> <p>City State Zip Naples FL 34103</p>	<p>Date of Receipt 10 01 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Ron Hazlett</p> <p>Mailing Address of Donor 2614 Tamiami Trail N.</p> <p>City State Zip Naples FL 34103</p>	<p>Date of Receipt 09 04 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor MARK HEALY</p> <p>Mailing Address of Donor 207 BLACKJACK OAK</p> <p>City State Zip SAN ANTONIO TX 78230</p>	<p>Date of Receipt 10 03 2004</p> <p>Amount 1 000 000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 2 600 000</p> <p>TOTAL This Period (last page this line number only) ▶ 6 155 100 (carry over from last page to Line 6)</p>	

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor Jeff Hill			Date of Receipt M M Y Y 1 0 0 4 2 0 0 4		
Mailing Address of Donor 104 reagan Ct.			Amount 1 0 0 0 0 0		
City Ventura	State CA	Zip 93003			
B. Full Name of Donor Paul Isaac			Date of Receipt M M Y Y 1 0 0 4 2 0 0 4		
Mailing Address of Donor 75 Prospect Avenue			Amount 1 0 0 0 0 0		
City Larchmont	State NY	Zip 10538			
C. Full Name of Donor Thomas E. Jeckering			Date of Receipt M M Y Y 1 0 0 4 2 0 0 4		
Mailing Address of Donor 7720 Mayfield Rd.			Amount 5 0 0 0 0 0		
City Gates Mills	State OH	Zip 44040			
D. Full Name of Donor JIMMY JONES			Date of Receipt M M Y Y 1 0 0 4 2 0 0 4		
Mailing Address of Donor 4406 FLEXER DR.			Amount 5 0 0 0 0 0		
City HERNANDO BEACH	State FL	Zip 34607			
E. Full Name of Donor JIMMY JONES			Date of Receipt M M Y Y 0 2 2 2 2 0 0 4		
Mailing Address of Donor 4406 FLEXER DR.			Amount 5 0 0 0 0 0		
City HERNANDO BEACH	State FL	Zip 34607			
SUBTOTAL of Donations This Page (optional)			8 0 0 0 0 0		
TOTAL This Period (last page this line number only) (carry total from last page to Line 5)			6 9 5 5 1 0 0		

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor JIMMY JONES</p> <p>Mailing Address of Donor 4406 FLEXER DR.</p> <p>City State Zip HERNANDO BEACH FL 34607</p>	<p>Date of Receipt M M - D D - Y Y Y Y 0 9 - 1 5 - 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor Ronald Kelsey</p> <p>Mailing Address of Donor 1314 College Avenue</p> <p>City State Zip VA 22401</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 0 4 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Mark Kendrat</p> <p>Mailing Address of Donor 835 Crest Dr</p> <p>City State Zip Cary IL 60013</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 0 4 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor William Knight</p> <p>Mailing Address of Donor 6195 Green Meadows</p> <p>City State Zip Memphis TN 38120</p>	<p>Date of Receipt M M - D D - Y Y Y Y 1 0 - 0 4 - 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor William Knight</p> <p>Mailing Address of Donor 6195 Green Meadows</p> <p>City State Zip Memphis TN 38120</p>	<p>Date of Receipt M M - D D - Y Y Y Y 0 9 - 1 5 - 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 3 2 5 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 7 2 8 0 1 0 0 (carry total from last page to L319 8)</p>	

SCHEDULE 9-A
Donation(s) Received

PAGE 15 OF 25

A. Full Name of Donor norman krischer <hr/> Mailing Address of Donor 151 highland ave <hr/> City State Zip montclair NJ 07042	Date of Receipt M O Y 1 0 0 1 2 0 0 4 <hr/> Amount 5 0 0 0 0 0
B. Full Name of Donor Norman Krischer <hr/> Mailing Address of Donor 26 Court Street, Room 2400 <hr/> City State Zip Brooklyn NY 11242	Date of Receipt M O Y 1 0 0 4 2 0 0 4 <hr/> Amount 5 0 0 0 0 0
C. Full Name of Donor Robert Kugel <hr/> Mailing Address of Donor 143 Woodcrest Dr. <hr/> City State Zip Chehalis WA 98532	Date of Receipt M O Y 1 0 0 4 2 0 0 4 <hr/> Amount 2 5 0 0 0 0
D. Full Name of Donor Ken Lee <hr/> Mailing Address of Donor 1660 Jorrington Street <hr/> City State Zip Mt Pleasant SC 29466	Date of Receipt M O Y 0 8 2 4 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
E. Full Name of Donor Kenneth Lee <hr/> Mailing Address of Donor 1660 Jorrington Street <hr/> City State Zip Mt Pleasant SC 29466	Date of Receipt M O Y 1 0 0 4 2 0 0 4 <hr/> Amount 5 0 0 0 0 0
SUBTOTAL of Donations This Page (optional) ▶	1 3 1 0 0 0 0
TOTAL This Period (last page this line number only) ▶ <small>(carry total from last page to Line 9)</small>	8 5 9 0 1 0 0

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Kenneth Lee</p> <hr/> <p>Mailing Address of Donor 1660 Jarrington Street</p> <hr/> <p>City State Zip Mt Pleasant SC 29466</p>	<p>Date of Receipt 09 08 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Darryl Leifheit</p> <hr/> <p>Mailing Address of Donor 3820 Huffman Mill Pike</p> <hr/> <p>City State Zip Lexington KY 40511</p>	<p>Date of Receipt 10 01 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Edward Lewandowski</p> <hr/> <p>Mailing Address of Donor 805 Darrell Road</p> <hr/> <p>City State Zip Hillsborough CA 94010</p>	<p>Date of Receipt 10 02 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor Cris Mandry</p> <hr/> <p>Mailing Address of Donor 3223 8th St.</p> <hr/> <p>City State Zip Metairie LA 70002</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Ken Marcus</p> <hr/> <p>Mailing Address of Donor 12494 Palos Tierra Road</p> <hr/> <p>City State Zip Vailey Center CA 92082</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional) ></p>	<p>360000</p>
<p>TOTAL This Period (last page this line number only) > (carry total from last page to Line 9)</p>	<p>8950100</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 17 OF 25

A. Full Name of Donor Duncan L. Matteson <hr/> Mailing Address of Donor 1991 Broadway, Ste 300 <hr/> City State Zip Redwood City CA 64063	Date of Receipt M M Y Y M M Y Y 1 0 0 4 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
B. Full Name of Donor Peter H. McCann <hr/> Mailing Address of Donor P.O. Box 416 <hr/> City State Zip Groveport OH 43125	Date of Receipt M M Y Y M M Y Y 1 0 0 4 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
C. Full Name of Donor Lisa Meaney <hr/> Mailing Address of Donor 45 Avila Street <hr/> City State Zip San Francisco CA 94123	Date of Receipt M M Y Y M M Y Y 1 0 0 4 2 0 0 4 <hr/> Amount 5 0 0 0 0 0
D. Full Name of Donor Lisa Meaney <hr/> Mailing Address of Donor 45 Avila Street <hr/> City State Zip San Francisco CA 94123	Date of Receipt M M Y Y M M Y Y 0 8 2 0 2 0 0 4 <hr/> Amount 5 0 0 0 0 0
E. Full Name of Donor Judy Miller <hr/> Mailing Address of Donor P.O. Box 7140 <hr/> City State Zip Quincy IL 62305	Date of Receipt M M Y Y M M Y Y 1 0 0 4 2 0 0 4 <hr/> Amount 5 0 0 0 0 0
SUBTOTAL of Donations This Page (optional)	8 0 0 0 0 0
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	9 7 5 0 1 0 0

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor H. Dewitt Mitchell			Date of Receipt MM DD YY 10 04 2004	
Mailing Address of Donor 3034 The Oaks			Amount \$ 5 0 0 0 0	
City Destin	State FL	Zip 32550		
B. Full Name of Donor H. Dewitt Mitchell			Date of Receipt MM DD YY 08 09 2004	
Mailing Address of Donor 3034 The Oaks			Amount \$ 5 0 0 0 0	
City Destin	State FL	Zip 32550		
C. Full Name of Donor Howard Mitnick			Date of Receipt MM DD YY 10 01 2004	
Mailing Address of Donor 65 Madison Ave.			Amount \$ 2 5 0 0 0	
City Morristown	State NJ	Zip 07960		
D. Full Name of Donor Howard Mitnick			Date of Receipt MM DD YY 10 03 2004	
Mailing Address of Donor 65 Madison Ave.			Amount \$ 1 0 0 0 0 0	
City Morristown	State NJ	Zip 07960		
E. Full Name of Donor David Morgan			Date of Receipt MM DD YY 10 03 2004	
Mailing Address of Donor 18922 76th Ave SE			Amount \$ 5 0 0 0 0	
City Snohomish	State WA	Zip 98296		
SUBTOTAL of Donations This Page (optional)			\$ 2 7 5 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			\$ 1 0 0 2 5 1 0 0	

SCHEDULE 9-A
Donation(s) Received

PAGE 19 OF 25

A. Full Name of Donor Robert C. Myers <hr/> Mailing Address of Donor Box 79 Bertha Place <hr/> City State Zip Ardsley-on-Hudson NY 10503	Date of Receipt MM DD YY 10 04 2004 <hr/> Amount 1,500.00
B. Full Name of Donor stephen oxley <hr/> Mailing Address of Donor P.o. box 909 <hr/> City State Zip Fort Smith AR 83002	Date of Receipt MM DD YY 10 03 2004 <hr/> Amount 1,000.00
C. Full Name of Donor Joseph J. Panna <hr/> Mailing Address of Donor 7882 Weedsport Sennett Rd. <hr/> City State Zip Weedsport NY 13166	Date of Receipt MM DD YY 10 04 2004 <hr/> Amount 1,000.00
D. Full Name of Donor George Parker <hr/> Mailing Address of Donor 221 Chesley Lane <hr/> City State Zip Chapel Hill NC 27514	Date of Receipt MM DD YY 10 04 2004 <hr/> Amount 500.00
E. Full Name of Donor George Parker <hr/> Mailing Address of Donor 221 Chesley Lane <hr/> City State Zip Chapel Hill NC 27514	Date of Receipt MM DD YY 00 22 2004 <hr/> Amount 500.00
SUBTOTAL of Donations This Page (optional)	4,500.00
TOTAL This Period (last page only) <small>(carry total from last page to Line 9)</small>	10,475.00

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor GREGORY PATTAKOS</p> <hr/> <p>Mailing Address of Donor 4040 North Shore Drive</p> <hr/> <p>City State Zip Akron OH 44333</p>	<p>Date of Receipt 1 0 0 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor GREGORY PATTAKOS</p> <hr/> <p>Mailing Address of Donor 4040 North Shore Drive</p> <hr/> <p>City State Zip AKRON OH 44333</p>	<p>Date of Receipt 0 8 2 0 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Jan Pillar</p> <hr/> <p>Mailing Address of Donor 3825 Bluffview Dr.</p> <hr/> <p>City State Zip Marietta GA 30062</p>	<p>Date of Receipt 1 0 0 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor ABE PODOLSKY</p> <hr/> <p>Mailing Address of Donor 4815 AVE N</p> <hr/> <p>City State Zip BROOKLYN NY 11234</p>	<p>Date of Receipt 1 0 0 1 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>E. Full Name of Donor Richard Porter</p> <hr/> <p>Mailing Address of Donor 875 Bryant Ave</p> <hr/> <p>City State Zip Winnetka IL 60093</p>	<p>Date of Receipt 1 0 0 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (collected) ▶</p>	<p>3 2 5 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 0 8 0 0 1 0 0</p>

SCHEDULE 9-A

PAGE 21 OF 25

Donation(s) Received

A. Full Name of Donor Robert W. Rust Mailing Address of Donor P.O. Box 7339 City State Zip Breckenridge CO 80424	Date of Receipt M M Y Y 1 0 0 4 2 0 0 4 Amount 5 0 0 0 0 0
B. Full Name of Donor thomas p. sartwelle Mailing Address of Donor 1300 post oak blvd suite 2500 City State Zip Houston TX 77056	Date of Receipt M M Y Y 1 0 0 1 2 0 0 4 Amount 2 5 0 0 0 0
C. Full Name of Donor Fred N. Sauer Mailing Address of Donor 454 Hammersmith City State Zip St. Louis MO 63141	Date of Receipt M M Y Y 1 0 0 4 2 0 0 4 Amount 1 0 0 0 0 0
D. Full Name of Donor Floyd E. Scales Mailing Address of Donor 12580 Durbin Dr. City State Zip St. Louis MO 63141	Date of Receipt M M Y Y 1 0 0 4 2 0 0 4 Amount 1 0 0 0 0 0
E. Full Name of Donor charles g. schappert Mailing Address of Donor c/o hps inc 1224 forest pkwy City State Zip paulsboro NJ 08066	Date of Receipt M M Y Y 1 0 0 4 2 0 0 4 Amount 5 0 0 0 0 0
SUBTOTAL of Donations This Page (optional) ▶ 7 7 5 0 0 0	
TOTAL This Period (last page this line NUMBER only) ▶ 1 1 5 7 5 1 0 0 <small>(carry total from last page to Line 9)</small>	

SCHEDULE 9-A
Donation(s) Received

PAGE 22 OF 25

A. Full Name of Donor charles g. schappert <hr/> Mailing Address of Donor c/o hps inc 1224 forest pkwy <hr/> City State Zip paulsboro NJ 08066	Date of Receipt 0 9 1 0 2 0 0 4 <hr/> Amount 5 0 0 0 0
B. Full Name of Donor Jeffrey M. Scott <hr/> Mailing Address of Donor 5800 Hunters Gate <hr/> City State Zip Troy MI 48098	Date of Receipt 1 0 0 4 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
C. Full Name of Donor Duane Siebert <hr/> Mailing Address of Donor 200 Park Central Blvd. South - Suite 2 <hr/> City State Zip Pompano Beach FL 33064	Date of Receipt 1 0 0 4 2 0 0 4 <hr/> Amount 5 0 0 0 0 0
D. Full Name of Donor Sigmund Silber <hr/> Mailing Address of Donor 22B San Marcos Road E <hr/> City State Zip Santa Fe NJ 87508	Date of Receipt 1 0 0 3 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
E. Full Name of Donor Paul Thomas <hr/> Mailing Address of Donor PO Box 11085 <hr/> City State Zip Truckee CA 96162	Date of Receipt 1 0 0 1 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
SUBTOTAL of Donations This Page (optional)	4 0 0 0 0 0
TOTAL This Period (last page this line number only) <small>(carry total from last page to Line 9)</small>	1 1 9 7 5 1 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Mike & Cindy Tipton			Date of Receipt 10 04 2004	
Mailing Address of Donor 19215 Sterling Hwy			Amount 2,004.00	
City	State	Zip		
Nimilchik	AK	99639		
B. Full Name of Donor Jim Tonyan			Date of Receipt 10 04 2004	
Mailing Address of Donor 3709 W. Clover Ave.			Amount 1,000.00	
City	State	Zip		
McHenry	IL	60050		
C. Full Name of Donor Timothy Unger			Date of Receipt 10 02 2004	
Mailing Address of Donor 4200 JPMorgan Chase Tower			Amount 2,500.00	
City	State	Zip		
Houston	TX	77024		
D. Full Name of Donor Mark Wetmore			Date of Receipt 10 03 2004	
Mailing Address of Donor 1215 Valley View Drive			Amount 1,000.00	
City	State	Zip		
Vermillion	SD	57089		
E. Full Name of Donor John wheatleyjp@Elltal.net			Date of Receipt 10 02 2004	
Mailing Address of Donor 1730 Thorp Cemetery Rd			Amount 2,500.00	
City	State	Zip		
Thorp	WA	98926		
SUBTOTAL of Donations This Page (optional)			9,004.00	
TOTAL This Period (last page into line number only) (carry total from last page to Line 9)			12,875.00	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Doug White</p> <p>Mailing Address of Donor PO Box 104</p> <p>City State Zip Archibald LA 71218</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor Doug White</p> <p>Mailing Address of Donor PO Box 104</p> <p>City State Zip Archibald LA 71218</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor william young</p> <p>Mailing Address of Donor 10 eliot rd</p> <p>City State Zip lexington MA 02421</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor william young</p> <p>Mailing Address of Donor 10 eliot rd</p> <p>City State Zip lexington MA 02421</p>	<p>Date of Receipt 09 27 2004</p> <p>Amount 500.00</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) ▶ 2000.00</p>	
<p>TOTAL This Period (last page this line number only) ▶ 13075.50 (carry total from last page to Line 9)</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services				Date of Disbursement or Obligation 1 0 0 4 2 0 0 4	
Mailing Address of Payee 600 Fairmount Avenue, Suite 306				Amount 2 2 4 5 5 7 5	
City TOWSON	State MD	Zip Code 21286			
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 checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought:	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:	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 FOX News				Date of Disbursement or Obligation 1 0 0 4 2 0 0 4	
Mailing Address of Payee 1211 Avenue of the Americas				Amount 1 4 9 7 0 5 0 0	
City New York	State NY	Zip Code 10036			
Name of Employer			Occupation		
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought: <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought:	House <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:	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)				1 7 2 1 6 0 7 5	
TOTAL This Period (last page this line number only) (entry total from last page to Line 10)				1 7 2 1 6 0 7 5	

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

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

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