

RECEIVED
FEDERAL
OPERATIONS CENTER

OCT -1 P 3:57

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

(b) Address (number and street) check if different than previously reported
P.O. Box 26184

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

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number
C

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

4. Covering Period

From	0	9	2	9	2	0	0	4
through	0	9	3	0	2	0	0	4

5. (a) Date of Public Distribution(s) 10 01 2004 **(b) Communication Title** Character

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

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

8. Custodian of Records

(a) Name Weymouth D. Symmes

(b) Address (number and street)
P.O. Box 26184

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

(d) Name of Employer or Principal Place of Business _____ (e) Occupation
Retired Retired

9. Total Donations This Statement 2,004,490.00

10. Total Disbursements/Obligations This Statement 478,204.38

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 10/1/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalty of 2 U.S.C. §437g.

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

PAGE 2 OF 8

11. Person(s) Sharing/Exercising Control

A.	(a) Name Rear Admiral Roy Huffman, USN (Ret.)	(e) Occupation Retired
	(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	
B.	(a) Name John O'Neill	(e) Occupation Attorney
	(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 Place	
C.	(a) Name Alvin A. Horna	(e) Occupation Attorney
	(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	
D.	(a) Name Weymouth D. Symmes	(e) Occupation Retired
	(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.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor William Becker Mailing Address of Donor 903 Millad Court City State Zip Daytona Beach FL 32117	Date of Receipt 09 30 2004 Amount 10000
B. Full Name of Donor Steven Diehl Mailing Address of Donor 20311 Parkwood Court City State Zip Hagerstown MD 21742	Date of Receipt 09 30 2004 Amount 10000
C. Full Name of Donor Steven Diehl Mailing Address of Donor 20311 Parkwood Court City State Zip Hagerstown MD 21742	Date of Receipt 09 30 2004 Amount 25000
D. Full Name of Donor CLAIRE GOOSEY Mailing Address of Donor 6545 Rutgers City State Zip Houston TX 77005	Date of Receipt 09 30 2004 Amount 100000
E. Full Name of Donor Tom Gumprecht Mailing Address of Donor 7445 S.E. 71st Street City State Zip Mercer Island WA 98040	Date of Receipt 09 30 2004 Amount 25000
SUBTOTAL of Donations This Page (optional)	170000
TOTAL This Period (last page this line number only) (carry total from last page to Line #)	170000

SCHEDULE 9-A
Donation(s) Received

<p>A. 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 0 8 / 2 8 / 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>B. 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 0 8 / 0 7 / 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor Tom Gumprecht</p> <p>Mailing Address of Donor 7445 SE 71st</p> <p>City State Zip Mercer Island WA 98040</p>	<p>Date of Receipt 0 9 / 1 9 / 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p>D. Full Name of Donor WILLIAM MILLER</p> <p>Mailing Address of Donor 8790 Winding Way</p> <p>City State Zip Fair Oaks CA 95628</p>	<p>Date of Receipt 0 8 / 3 0 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor William Miller</p> <p>Mailing Address of Donor 8790 Winding Way</p> <p>City State Zip Fair Oaks CA 95628</p>	<p>Date of Receipt 0 8 / 2 0 / 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1 8 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>3 5 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor WILLIAM MILLER			Date of Receipt M O Y 0 8 3 1 2 0 0 4	
Mailing Address of Donor 8790 Winding Way			Amount 1 0 0 0 0	
City Fair Oaks	State CA	Zip 95628		
B. Full Name of Donor WILLIAM MILLER			Date of Receipt M O Y 0 8 0 8 2 0 0 4	
Mailing Address of Donor 8790 Winding Way			Amount 2 5 0 0 0	
City Fair Oaks	State CA	Zip 95628		
C. Full Name of Donor WILLIAM MILLER			Date of Receipt M O Y 0 8 1 7 2 0 0 4	
Mailing Address of Donor 8790 Winding Way			Amount 2 5 0 0 0	
City Fair Oaks	State CA	Zip 95628		
D. Full Name of Donor WILLIAM MILLER			Date of Receipt M O Y 0 8 2 2 2 0 0 4	
Mailing Address of Donor 8790 Winding Way			Amount 2 5 0 0 0	
City Fair Oaks	State CA	Zip 95628		
E. Full Name of Donor Harold Simmons			Date of Receipt M O Y 0 9 3 0 2 0 0 4	
Mailing Address of Donor 5430 LBJ Freeway, Suite 1700			Amount 1 0 0 0 0 0 0 0 0	
City Dallas	State TX	Zip 75240		
SUBTOTAL of Donations This Page (optional)			1 0 0 0 8 5 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			1 0 0 4 4 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Harold Simmons

Mailing Address of Donor
5430 LBJ Freeway, Suite 1700

City State Zip
Dallas TX 75240

Date of Receipt
 09 30 2004

Amount
 1,000,000.00

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional)	1,000,000.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	2,004,400.00

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Chris LaCivita Consulting				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4			
Mailing Address of Payee 13604 Timberlake Court				Amount 3,333.00			
City Middlehian	State VA	Zip Code 23311		Communication Date 1 0 / 0 1 / 2 0 0 4			
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 checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
Name of Federal Candidate	Office Sought	House <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 Mentzer Media Services				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4			
Mailing Address of Payee 600 Fairmount Avenue, Suite 306				Amount 9,779.28			
City Towson	State MD	Zip Code 21286		Communication Date 1 0 / 0 1 / 2 0 0 4			
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"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				
Name of Federal Candidate	Office Sought	House <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)				13,112.28			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				13,112.28			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Stevens Reed Curcio & Poinholm				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 305 Cameron Street				Amount 2,000.00	
City Alexandria	State VA	Zip Code 22314	Communication Code 1 0 / 0 1 / 2 0 0 4		
Name of Employer Occupation					
Purpose of Disbursement (including use(s) of communication(s)) Media Production/Post					
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
B. Full Name (Last, First, Middle Initial) of Payee FOX News				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 1211 Avenue of the Americas				Amount 6,309.21	
City New York	State NY	Zip Code 10036	Communication Code 1 0 / 0 1 / 2 0 0 4		
Name of Employer Occupation					
Purpose of Disbursement (including use(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
SUBTOTAL of Disbursements/Obligations This Page (optional)				8,509.21	
TOTAL This Period (last page has line number only) (carry total from last page to Line 10)				7,820.43	

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

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10/1/04
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (FVC)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
92	10/1/04
PREPARER	DATE PREPARED