

NOV 18 AM 11:22

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

(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

Amended

4. Covering Period

1 0 0 1 2 0 0 4

through

1 0 0 4 2 0 0 4

5. (a) Date of Public Distribution (e)

1 0 0 5 2 0 0 4

(b) Communication Title Other Hand

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

B. 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

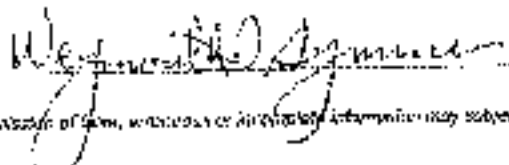
4 4 3, 1 6 6, 5 0

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Weymouth D Symmes

SIGNATURE



DATE 11/17/2004

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

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

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11. Person(s) Sharing/Exercising Control

A.	(a) Name Rear Admiral Roy Huffman, USN (Ret.)	(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 Pierce	
C.	(a) Name Alvin A. Home	(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 Lonnie L Abernethy			Date of Receipt P A . O D . Y Y Y Y 1 0 . 0 2 . 2 0 0 4	
Mailing Address of Donor 4301 Santa Rita			Amount 5 0 0 0 0	
City El Paso	State TX	Zip 79902		
B. Full Name of Donor THOMAS ALLISON			Date of Receipt M D . O D . Y Y Y Y 1 0 . 0 1 . 2 0 0 4	
Mailing Address of Donor PO BOX 10220			Amount 5 0 0 0 0	
City ST PETERSBURG	State FL	Zip 33733		
C. Full Name of Donor THOMAS ALLISON			Date of Receipt M D . O D . Y Y Y Y 0 8 . 2 8 . 2 0 0 4	
Mailing Address of Donor PO BOX 10220			Amount 5 0 0 0 0	
City ST PETERSBURG	State FL	Zip 33733		
D. Full Name of Donor Steven Apple			Date of Receipt M D . O D . Y Y Y Y 1 0 . 0 1 . 2 0 0 4	
Mailing Address of Donor 800 Liberty Bldg			Amount 1 0 0 0 0 0	
City Buffalo	State NY	Zip 14202		
E. Full Name of Donor David Baird			Date of Receipt M D . O D . Y Y Y Y 1 0 . 0 4 . 2 0 0 4	
Mailing Address of Donor 1901 60th Place E, #L3147			Amount 1 0 0 0 0 0	
City Bradenton	State FL	Zip 34203		
SUBTOTAL of Donations This Page (optional)			3 5 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			3 5 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

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

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor George C Bitting			Date of Receipt 09 : 14 : 2004	
Mailing Address of Donor 120 Sachuest Way			Amount 1 0 0 0 0	
City	State	Zip		
Middletown	RI	02842		
B. Full Name of Donor George C Bitting			Date of Receipt 09 : 18 : 2004	
Mailing Address of Donor 120 Sachuest Way			Amount 1 0 0 0 0	
City	State	Zip		
Middletown	RI	02842		
C. Full Name of Donor George C Bitting			Date of Receipt 09 : 17 : 2004	
Mailing Address of Donor 120 Sachuest Way			Amount 1 0 0 0 0	
City	State	Zip		
Middletown	RI	02842		
D. Full Name of Donor George C. Bitting			Date of Receipt 10 : 01 : 2004	
Mailing Address of Donor 120 Sachuest Way			Amount 5 0 0 0 0	
City	State	Zip		
Middletown	RI	02842		
E. Full Name of Donor George C. Bitting			Date of Receipt 09 : 23 : 2004	
Mailing Address of Donor 120 Sachuest Way			Amount 1 0 0 0 0	
City	State	Zip		
Middletown	RI	02842		
SUBTOTAL of Donations This Page (optional)			9 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 5)			6 7 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 09 29 2004</p> <p>Amount 1 0 0 0 0</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 30 2004</p> <p>Amount 1 0 0 0 0</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 2 5 0 0 0 0</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 1 0 0 0 0 0 0</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 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>1 3 2 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 4)</p>	<p>1 9 9 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

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

SCHEDULE 9-A
Donation(s) Received

PAGE 8 OF 27

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 M O Y C O Y 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 M O Y C O Y 1 0 0 4 2 0 0 4 <hr/> Amount , 5 0 0 1 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 M O Y C O Y 1 0 0 4 2 0 0 4 <hr/> Amount , 1 0 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 M O Y C O Y 1 0 0 4 2 0 0 4 <hr/> Amount , 1 0 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 M O Y C O Y 1 0 0 4 2 0 0 4 <hr/> Amount , 1 0 0 0 0 0
SUBTOTAL of Donations This Page (optional) ▶	, 8 5 0 1 0 0
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	, 4 2 0 0 1 0 0

SCHEDULE 9-A
Donation(s) Received

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

SCHEDULE 9-A
Donation(s) Received

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

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 10 01 2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor Joseph E. Hackett</p> <p>Mailing Address of Donor 44 W. Saddle River Rd.</p> <p>City State Zip Saddle River NJ 07458</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor James A. Hartman</p> <p>Mailing Address of Donor 4512 Newlands St.</p> <p>City State Zip Metairie LA 70006</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 2,000.00</p>
<p>D. Full Name of Donor James A. Hartman</p> <p>Mailing Address of Donor 4512 Newlands St</p> <p>City State Zip Metairie LA 70006</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 3,000.00</p>
<p>E. Full Name of Donor William J. Hayes</p> <p>Mailing Address of Donor P.O. Box 25</p> <p>City State Zip W. Barnstable MA 02668</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>4,550.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>5,895.10</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Roberta Hazlett</p> <hr/> <p>Mailing Address of Donor 2614 Tamiami Tr. No.</p> <hr/> <p>City State Zip Naples FL 34103</p>	<p>Date of Receipt 1 0 0 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Roberta Hazlett</p> <hr/> <p>Mailing Address of Donor 2614 Tamiami Trail No.</p> <hr/> <p>City State Zip Naples FL 34103</p>	<p>Date of Receipt 0 8 1 2 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>C. Full Name of Donor Ron Hazlett</p> <hr/> <p>Mailing Address of Donor 2614 Tamiami Trl. N.</p> <hr/> <p>City State Zip Naples FL 34103</p>	<p>Date of Receipt 1 0 0 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Ron Hazlett</p> <hr/> <p>Mailing Address of Donor 2614 Tamiami Trail N.</p> <hr/> <p>City State Zip Naples FL 34103</p>	<p>Date of Receipt 0 3 0 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor MARK HEALY</p> <hr/> <p>Mailing Address of Donor 207 BLACKJACK OAK</p> <hr/> <p>City State Zip SAN ANTONIO TX 78230</p>	<p>Date of Receipt 1 0 0 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 2 6 0 0 0 0</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ 6 1 5 5 1 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

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

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor JIMMY JONES			Date of Receipt 0 9 / 1 5 / 2 0 0 4	
Mailing Address of Donor 4406 FLEXER DR.			Amount 2 5 0 0 0	
City HERNANDO BEACH	State FL	Zip 34607		
B. Full Name of Donor Ronald Kelsey			Date of Receipt 1 0 / 0 4 / 2 0 0 4	
Mailing Address of Donor 1314 College Avenue			Amount 1 0 0 0 0	
City 	State VA	Zip 22401		
C. Full Name of Donor Mark Kendrat			Date of Receipt 1 0 / 0 4 / 2 0 0 4	
Mailing Address of Donor 835 Crest Dr			Amount 1 0 0 0 0	
City Cary	State IL	Zip 60013		
D. Full Name of Donor William Knight			Date of Receipt 1 0 / 0 4 / 2 0 0 4	
Mailing Address of Donor 6195 Green Meadows			Amount 5 0 0 0 0	
City Memphis	State TN	Zip 38120		
E. Full Name of Donor William Knight			Date of Receipt 0 9 / 1 6 / 2 0 0 4	
Mailing Address of Donor 6195 Green Meadows			Amount 5 0 0 0 0	
City Memphis	State TN	Zip 38120		
SUBTOTAL of Donations This Page (optional)			3 2 5 0 0 0	
TOTAL This Period (Just type this line number only) (carry total from last page to Line 4)			7 2 8 0 1 0 0	

SCHEDULE 9-A
Donation(s) Received

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

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Kenneth Lee			Date of Receipt 0 9 / 0 9 / 2 0 0 9	
Mailing Address of Donor 1660 Jorrington Street			Amount 5 0 0 0 0	
City Mt Pleasant	State SC	Zip 29466		
B. Full Name of Donor Darryl Leifheit			Date of Receipt 1 0 / 0 1 / 2 0 0 4	
Mailing Address of Donor 3820 Huffman Mill Pike			Amount 1 0 0 0 0 0	
City Lexington	State KY	Zip 40511		
C. Full Name of Donor Edward Lewandowski			Date of Receipt 1 0 / 0 2 / 2 0 0 4	
Mailing Address of Donor 805 Darrell Road			Amount 1 0 0 0 0 0	
City Hillsborough	State CA	Zip 94010		
D. Full Name of Donor Cris Mandry			Date of Receipt 1 0 / 0 4 / 2 0 0 4	
Mailing Address of Donor 3223 8th St.			Amount 1 0 0 0 0 0	
City Metairie	State LA	Zip 70002		
E. Full Name of Donor Ken Marcus			Date of Receipt 1 0 / 0 4 / 2 0 0 4	
Mailing Address of Donor 12494 Palos Tierra Road			Amount 1 0 0 0 0 0	
City Valley Center	State CA	Zip 92082		
SUBTOTAL of Donations This Page (optional)			3 6 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			8 9 5 0 1 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor H. Dewitt Mitchell</p> <p>Mailing Address of Donor 3034 The Oaks</p> <p>City State Zip Destin FL 32550</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor H. Dewitt Mitchell</p> <p>Mailing Address of Donor 3034 The Oaks</p> <p>City State Zip Destin FL 32550</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 5 000 00</p>
<p>C. 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 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 03 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor David Morgan</p> <p>Mailing Address of Donor 18922 76th Ave SE</p> <p>City State Zip Snohomish WA 98296</p>	<p>Date of Receipt 10 03 2004</p> <p>Amount 5 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 2 7 5 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 1 0 0 2 5 1 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

PAGE 19 OF 27

A. Full Name of Donor Robert C. Myers Mailing Address of Donor Box 79 Bertha Place City State Zip Ardsley-on-Hudson NY 10503	Date of Receipt 1 0 0 4 2 0 0 4 Amount 1 5 0 0 0 0
B. Full Name of Donor stephen oxley Mailing Address of Donor P.o. box 909 City State Zip Fort Smith AR 83002	Date of Receipt 1 0 0 3 2 0 0 4 Amount 1 0 0 0 0 0
C. Full Name of Donor Joseph J. Panna Mailing Address of Donor 7882 Weedsport Sennett Rd. City State Zip Weedsport NY 13166	Date of Receipt 1 0 0 4 2 0 0 4 Amount 1 0 0 0 0 0
D. Full Name of Donor George Parker Mailing Address of Donor 221 Chesley Lane City State Zip Chapel Hill NC 27514	Date of Receipt 1 0 0 4 2 0 0 4 Amount 5 0 0 0 0 0
E. Full Name of Donor George Parker Mailing Address of Donor 221 Chesley Lane City State Zip Chapel Hill NC 27514	Date of Receipt 0 8 2 2 2 0 0 4 Amount 5 0 0 0 0 0
SUBTOTAL of Donations (This Page (optional))	4,500.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	10,475.00

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor GREGORY PATTAKOS</p> <p>Mailing Address of Donor 4040 North Shore Drive</p> <p>City State Zip Akron OH 44333</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor GREGORY PATTAKOS</p> <p>Mailing Address of Donor 4040 North Shore Drive</p> <p>City State Zip AKRON OH 44333</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Jan Pillar</p> <p>Mailing Address of Donor 3825 Bluffview Dr.</p> <p>City State Zip Marietta GA 30062</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor ABE PODOLSKY</p> <p>Mailing Address of Donor 4815 AVE N</p> <p>City State Zip BROOKLYN NY 11234</p>	<p>Date of Receipt 10 01 2004</p> <p>Amount 250.00</p>
<p>E. Full Name of Donor Richard Porter</p> <p>Mailing Address of Donor 875 Bryant Ave</p> <p>City State Zip Winnetka IL 60093</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (addition) ▶</p>	<p>3,250.00</p>
<p>TOTAL This Period (add page this line number first) ▶ (carry total from last page to Line 9)</p>	<p>10,800.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert W. Rust</p> <p>Mailing Address of Donor P.O. Box 7339</p> <p>City State Zip Breckenridge CO 80424</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 5,000.00</p>
<p>B. Full Name of Donor thomas p. sartwelle</p> <p>Mailing Address of Donor 1300 post oak blvd suite 2500</p> <p>City State Zip Houston TX 77056</p>	<p>Date of Receipt 10 01 2004</p> <p>Amount 2,500.00</p>
<p>C. Full Name of Donor Fred N. Sauer</p> <p>Mailing Address of Donor 454 Hammersmith</p> <p>City State Zip St. Louis MO 63141</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor Floyd E. Scales</p> <p>Mailing Address of Donor 12580 Durbin Dr.</p> <p>City State Zip St. Louis MO 63141</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor charles g. schappert</p> <p>Mailing Address of Donor c/o hps inc 1224 forest pkwy</p> <p>City State Zip paulsboro NJ 08066</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 5,000.00</p>
<p>SUBTOTAL of Operations This Page (continued) ▶</p>	<p>7,750.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to L51a 9)</p>	<p>11,575.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor charles g. schappert</p> <p>Mailing Address of Donor c/o hps inc 1224 forest pkwy</p> <p>City State Zip paulsboro NJ 08066</p>	<p>Date of Receipt 09 10 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Jeffrey M. Scott</p> <p>Mailing Address of Donor 5800 Hunters Gate</p> <p>City State Zip Troy MI 48098</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Duane Siebert</p> <p>Mailing Address of Donor 200 Park Central Blvd. South - Suite 2</p> <p>City State Zip Pompano Beach FL 33064</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Sigmund Silber</p> <p>Mailing Address of Donor 22B San Marcos Road E</p> <p>City State Zip Santa Fe NJ 87508</p>	<p>Date of Receipt 10 03 2004</p> <p>Amount 100000</p>
<p>E. 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 01 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 400000</p>	
<p>TOTAL This Period (last page this form number only) ▶ 11975100 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Mike & Cindy Tipton</p> <p>Mailing Address of Donor 19215 Sterling Hwy</p> <p>City State Zip Nimitchik AK 99639</p>	<p>Date of Receipt 1 0 0 4 2 0 0 4</p> <p>Amount 2 0 0 4 0 0</p>
<p>B. Full Name of Donor Jim Tonyan</p> <p>Mailing Address of Donor 3709 W. Clover Ave.</p> <p>City State Zip McHenry IL 60050</p>	<p>Date of Receipt 1 0 0 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Timothy Unger</p> <p>Mailing Address of Donor 4200 JPMorgan Chase Tower</p> <p>City State Zip Houston TX 77024</p>	<p>Date of Receipt 1 0 0 3 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor Mark Wetmore</p> <p>Mailing Address of Donor 1215 Valley View Drive</p> <p>City State Zip Vermillion SD 57069</p>	<p>Date of Receipt 1 0 0 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor John wheatleyjp@Elitel.net</p> <p>Mailing Address of Donor 1730 Thorp Cemetery Rd</p> <p>City State Zip Thorp WA 98926</p>	<p>Date of Receipt 1 0 0 2 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 9 0 0 4 0 0</p> <p>TOTAL This Period (last page lists line number only) ▶ 1 2 8 7 5 5 0 0 (carry total from last page to Line 9)</p>	

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 0 0 0 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</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 0 0 0 2 2 0 0 4</p> <p>Amount 5 0 0 0 0</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 1 0 0 4 2 0 0 4</p> <p>Amount 5 0 0 0 0</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 0 9 2 7 2 0 0 4</p> <p>Amount 5 0 0 0 0</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) ▶ 2 0 0 0 0 0</p> <p>TOTAL This Period (last page this line number only) ▶ 1 3 0 7 5 5 0 0 (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 Chris LaCivita Consulting				Date of Disbursement or Obligation 0 9 / 2 9 / 2 0 0 4			
Mailing Address of Payee 13604 Timberlake Court				Amount 3,333.00			
City Midlothian		State VA		Zip Code 23311			
Name of Employer Consultant				Communication Date 1 0 / 0 5 / 2 0 0 4			
Purpose of Disbursement (including title) 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		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 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 8,954.35			
City Towson		State MD		Zip Code 21286			
Name of Employer Consultant				Communication Date 1 0 / 0 5 / 2 0 0 4			
Purpose of Disbursement (including title) 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		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)				9,287.55			
TOTAL This Period (last page this line number only) (carry over from last page to Line #0)				9,287.55			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee MSNBC				Date of Disbursement or Obligation 1 0 0 4 2 0 0 4	
Mailing Address of Payee 1 MSNBC Plaza				Amount , 1 0 2 , 3 9 0 , 0 0	
City Secaucus	State NJ	Zip Code 07094			
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) _____		
B. Full Name (Last, First, Middle Initial) of Payee CNN				Date of Disbursement or Obligation 1 0 0 4 2 0 0 4	
Mailing Address of Payee One CNN Center				Amount , 2 0 0 , 7 7 0 , 0 0	
City Atlanta	State GA	Zip Code 30303			
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)				3 0 3 1 6 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				3 9 6 0 3 6 5 0	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee HEADLINE				Date of Disbursement or Obligation 1 0 0 4 2 0 0 4	
Mailing Address of Payee One CNN Center				Amount 4 7 1 3 0 0 0	
City Atlanta	State GA	Zip Code 30303		Contribution Date 1 0 0 5 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought: <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	House <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				Date of Disbursement or Obligation	
Mailing Address of Payee				Amount	
City	State	Zip Code		Contribution Date	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s))					
Name of Federal Candidate John F. Kerry	Office Sought: <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	House <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)				4 7 1 3 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				4 4 3 1 8 6 5 0	

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. Exp</i>	Shipping Date <i>11-17-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JM W</i> PREPARER (5/2004)	<i>11-18-04</i> DATE PREPARED