

Also  
 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

(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

From 08/29/2004

through

08/30/2004

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

10/1/2004

(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

Retired

(e) Occupation

Retired

9. Total Donations This Statement

2,004,400.00

10. Total Disbursements/Obligations This Statement

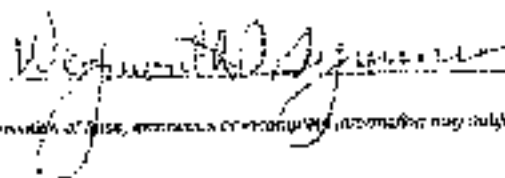
78,204.00

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, inaccurate or incomplete information may subject the person signing this statement to the penalties in 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**

<b>A.</b>	(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>B.</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	
<b>C.</b>	(a) Name Alvin A. Horne	(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	
<b>D.</b>	(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	
<b>E.</b>	(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**

PAGE 3 OF 8

<b>A. Full Name of Donor</b> <b>William Becker</b>			<b>Date of Receipt</b> 0 9 / 0 0 / 2 0 0 4	
<b>Mailing Address of Donor</b> <b>903 Millad Court</b>			<b>Amount</b> 1 0 0 0 0	
<b>City</b> <b>Daytona Beach</b>	<b>State</b> <b>FL</b>	<b>Zip</b> <b>32117</b>		
<b>B. Full Name of Donor</b> <b>Steven Diehl</b>			<b>Date of Receipt</b> 0 9 / 0 0 / 2 0 0 4	
<b>Mailing Address of Donor</b> <b>20311 Parkwood Court</b>			<b>Amount</b> 1 0 0 0 0	
<b>City</b> <b>Hagerstown</b>	<b>State</b> <b>MD</b>	<b>Zip</b> <b>21742</b>		
<b>C. Full Name of Donor</b> <b>Steven Diehl</b>			<b>Date of Receipt</b> 0 9 / 0 0 / 2 0 0 4	
<b>Mailing Address of Donor</b> <b>20311 Parkwood Court</b>			<b>Amount</b> 2 5 0 0 0	
<b>City</b> <b>Hagerstown</b>	<b>State</b> <b>MD</b>	<b>Zip</b> <b>21742</b>		
<b>D. Full Name of Donor</b> <b>CLAIRE GOOSEY</b>			<b>Date of Receipt</b> 0 9 / 0 0 / 2 0 0 4	
<b>Mailing Address of Donor</b> <b>6545 Rutgers</b>			<b>Amount</b> 1 0 0 0 0 0	
<b>City</b> <b>Houston</b>	<b>State</b> <b>TX</b>	<b>Zip</b> <b>77005</b>		
<b>E. Full Name of Donor</b> <b>Tom Gumprecht</b>			<b>Date of Receipt</b> 0 9 / 0 0 / 2 0 0 4	
<b>Mailing Address of Donor</b> <b>7445 S.E. 71st Street</b>			<b>Amount</b> 2 5 0 0 0	
<b>City</b> <b>Mercer Island</b>	<b>State</b> <b>WA</b>	<b>Zip</b> <b>98040</b>		
<b>SUBTOTAL of Donations This Page (optional)</b>			<b>1 7 0 0 0 0</b>	
<b>TOTAL This Period (last page this line number only)</b> (carry trial from last page to Line 9)			<b>1 7 0 0 0 0</b>	

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

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

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

<p><b>A. Full Name of Donor</b>  <b>WILLIAM MILLER</b></p> <p>Mailing Address of Donor  <b>8790 Winding Way</b></p> <p>City State Zip  <b>Fair Oaks CA 95628</b></p>	<p>Date of Receipt                  0 8 / 3 1 / 2 0 0 4</p> <p>Amount                  1 0 0 0 0</p>
<p><b>B. Full Name of Donor</b>  <b>WILLIAM MILLER</b></p> <p>Mailing Address of Donor  <b>8790 Winding Way</b></p> <p>City State Zip  <b>Fair Oaks CA 95628</b></p>	<p>Date of Receipt                  0 9 / 0 9 / 2 0 0 4</p> <p>Amount                  2 5 0 0 0</p>
<p><b>C. Full Name of Donor</b>  <b>WILLIAM MILLER</b></p> <p>Mailing Address of Donor  <b>8790 Winding Way</b></p> <p>City State Zip  <b>Fair Oaks CA 95628</b></p>	<p>Date of Receipt                  0 9 / 1 7 / 2 0 0 4</p> <p>Amount                  2 5 0 0 0</p>
<p><b>D. Full Name of Donor</b>  <b>WILLIAM MILLER</b></p> <p>Mailing Address of Donor  <b>8790 Winding Way</b></p> <p>City State Zip  <b>Fair Oaks CA 95628</b></p>	<p>Date of Receipt                  0 9 / 2 2 / 2 0 0 4</p> <p>Amount                  2 5 0 0 0</p>
<p><b>E. Full Name of Donor</b>  <b>Harold Simmons</b></p> <p>Mailing Address of Donor  <b>5430 LBJ Freeway, Suite 1700</b></p> <p>City State Zip  <b>Dallas TX 75240</b></p>	<p>Date of Receipt                  0 9 / 3 0 / 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>1 0 0 0 8 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 0 4 4 0 0 0 0</p>

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

<p><b>A.</b> Full Name of Donor <b>Harold Simmons</b></p> <p>Mailing Address of Donor <b>5430 LBJ Freeway, Suite 1700</b></p> <p>City State Zip <b>Dallas TX 75240</b></p>	<p>Date of Receipt 09 30 2004</p> <p>Amount 1,000,000.00</p>
<p><b>B.</b> 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><b>C.</b> 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><b>D.</b> 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><b>E.</b> 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><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶ 1,000,000.00</p> <p><b>TOTAL</b> This Period (see page 11e for number only) ..... ▶ 2,004,400.00 (carry total from last page to Line 9)</p>	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Chris LaCivita Consulting				<b>Date of Disbursement or Obligation</b> 09 29 2004	
<b>Mailing Address of Payee</b> 13604 Timberlake Court				<b>Amount</b> 3,333.00	
<b>City</b> Middletown	<b>State</b> VA	<b>Zip Code</b> 23311	<b>Communication Date</b> 10 01 2004		
<b>Name of Employer</b> _____ <b>Occupation</b> _____					
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Copywriting & Production					
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services				<b>Date of Disbursement or Obligation</b> 09 28 2004	
<b>Mailing Address of Payee</b> 800 Fairmount Avenue, Suite 306				<b>Amount</b> 9,779.28	
<b>City</b> Towson	<b>State</b> MD	<b>Zip Code</b> 21288	<b>Communication Date</b> 10 01 2004		
<b>Name of Employer</b> _____ <b>Occupation</b> _____					
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Commission					
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> .....				13,112.28	
<b>TOTAL This Period (last page this line number only)</b> ..... (copy total from last page to Line 10)				13,112.28	

**SCHEDULE B-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Stevens Reed Curcio & Potholm			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 Date 1 0 / 0 1 / 2 0 0 4	
Name of Employer Occupation				

Purpose of Disbursement (including title(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

Mailing Address of Payee 1211 Avenue of the Americas			Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
City New York			Amount 6,309.21	
State NY	Zip Code 10036	Communication Date 1 0 / 0 1 / 2 0 0 4		
Name of Employer Occupation				

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

Media Buy

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

SUBTOTAL of Disbursements/Obligations This Page (optional) .....	6,509.21
TOTAL This Page (last page this line number only) .....	7,820.43
(carry total from last page to Line 10)	



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
<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. Ex</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>	<i>11-18-04</i>
PREPARER	DATE PREPARED