

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

REC 18 A 11-22

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursements/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	New <input type="checkbox"/> or Amended <input checked="" type="checkbox"/>	4. Covering Period	
			10/20/03	through 10/29/04

5. (a) Date of Public Distribution(s) 09/30/2004 (b) Communication Title Never Forget

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 1,581,100.00

10. Total Disbursements/Obligations This Statement 1,382,152.60

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Weymouth D. Symmes

SIGNATURE *Weymouth D. Symmes* DATE 11/17/2004

NOTE: Submission of false, incomplete or fraudulent information may subject the person signing this statement to the penalties of 2 U.S.C. §4375.

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

PAGE 2 OF 39

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. 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	
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

<p>A. Full Name of Donor Lonnie L Abernethy</p> <p>Mailing Address of Donor 4301 Santa Rita</p> <p>City State Zip El Paso TX 79902</p>	<p>Date of Receipt 09 22 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor Charles Akin</p> <p>Mailing Address of Donor 10187 Sugar Creek Road</p> <p>City State Zip Bentonville AR 72712</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Charles Akin</p> <p>Mailing Address of Donor 10187 Sugar Creek Road</p> <p>City State Zip Bentonville AR 72712</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor PAT ALEXANDER</p> <p>Mailing Address of Donor #1130 601 CARLSON PARKWAY</p> <p>City State Zip HOPKINS MN 55305</p>	<p>Date of Receipt 09 22 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Matthew Ambrose</p> <p>Mailing Address of Donor 30409 NE 183rd St.</p> <p>City State Zip Duvall WA 98019</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 8)</p>	<p>4 100 00</p> <p>4 100 00</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. 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 09 23 2004</p> <p>Amount 1,000.00</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 09 23 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor William Carroll</p> <p>Mailing Address of Donor PO Box 1363</p> <p>City State Zip Boca Grande FL 33921</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor William and Joan Carroll</p> <p>Mailing Address of Donor PO Box 1363</p> <p>City State Zip Boca Grande FL 33921</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Jack E. Caveney</p> <p>Mailing Address of Donor 17301 South Ridgeland Avenue</p> <p>City State Zip Tinley Park IL 60477</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 2,500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 2,800.00</p>	
<p>TOTAL This Period (last page this line number only) ▶ 3,210.00 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Frank W. Cawood</p> <hr/> <p>Mailing Address of Donor 103 Clover Green</p> <hr/> <p>City State Zip Peachtree City GA 30269</p>	<p>Date of Receipt M M D D Y Y 0 9 2 3 2 0 0 4</p> <p>Amount 5 0 0 0 0 0 0</p>
<p>B. Full Name of Donor CRAIG COKER</p> <hr/> <p>Mailing Address of Donor 6179 TULLY ROAD</p> <hr/> <p>City State Zip MODESTO CA 95356</p>	<p>Date of Receipt M M D D Y Y 0 9 2 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0</p>
<p>C. Full Name of Donor Noel Coon</p> <hr/> <p>Mailing Address of Donor 4300 Melianani Place</p> <hr/> <p>City State Zip Wailea HI 96753</p>	<p>Date of Receipt M M D D Y Y 0 9 2 5 2 0 0 4</p> <p>Amount 2 5 0 0 0 0 0</p>
<p>D. Full Name of Donor Harold D. Courson</p> <hr/> <p>Mailing Address of Donor 1800 South Main</p> <hr/> <p>City State Zip Pennyton TX 79070</p>	<p>Date of Receipt M M D D Y Y 0 9 2 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0 0</p>
<p>E. Full Name of Donor J.WILLIAM OR JANICE C. CROUCH</p> <hr/> <p>Mailing Address of Donor 4949 SYRACUSE, SUITE 430</p> <hr/> <p>City State Zip DENVER CO 80237</p>	<p>Date of Receipt M M D D Y Y 0 9 2 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 1 5 4 5 0 0 0 0</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ 1 8 6 6 0 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor HUGH CULVERHOUSE</p> <hr/> <p>Mailing Address of Donor 2601 SOUTH BAYSHORE DRIVE PHI-C</p> <hr/> <p>City State Zip COCONUT GROVE FL 33133</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Julia Sterns Dockweiler</p> <hr/> <p>Mailing Address of Donor 10590 Wilshire Blvd #1103</p> <hr/> <p>City State Zip Los Angeles CA 90024</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor CHRISTOPHER DUANE</p> <hr/> <p>Mailing Address of Donor 16 SPRING VIEW DR</p> <hr/> <p>City State Zip MORRISTOWN NJ 07960</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor William Dwyer</p> <hr/> <p>Mailing Address of Donor 2 Maryland Circle APT 304</p> <hr/> <p>City State Zip Whitehall PA 18052</p>	<p>Date of Receipt 09 22 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Donald Eller</p> <hr/> <p>Mailing Address of Donor 3111 Bel Air Drive #18G</p> <hr/> <p>City State Zip Las Vegas NV 89109</p>	<p>Date of Receipt 09 22 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>4,500.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>19,110.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor JAMES G. FLOYD</p> <p>Mailing Address of Donor 2400 AUGUSTA, SUITE 212</p> <p>City State Zip HOUSTON TX 77057</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor MICHAEL FUTRELL</p> <p>Mailing Address of Donor 10875 BELLE GOUR WAY</p> <p>City State Zip SHREVEPORT LA 71106</p>	<p>Date of Receipt 09 22 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Richard Gable</p> <p>Mailing Address of Donor 4515 Willard Ave., Apt. 2318</p> <p>City State Zip Chevy Chase MD 20815</p>	<p>Date of Receipt 08 26 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Lawrence Garatoni</p> <p>Mailing Address of Donor 315 W. Jefferson Blvd.</p> <p>City State Zip South Bend IN 46801</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor ROBERT GARVY</p> <p>Mailing Address of Donor 200 ESPLANADE WAY</p> <p>City State Zip PALM BEACH FL 33480</p>	<p>Date of Receipt 09 22 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>1,350.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (copy total from last page to Line 9)</p>	<p>2,046.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor lawrence gelman</p> <p>Mailing Address of Donor 3900 sundown dr</p> <p>City State Zip mcallen TX 78503</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor L. E. Gibens</p> <p>Mailing Address of Donor 860 DeBeau</p> <p>City State Zip Tupelo MS 38804</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>C. Full Name of Donor L. E. Gibens</p> <p>Mailing Address of Donor 860 DeBeau</p> <p>City State Zip Tupelo MS 38804</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>D. Full Name of Donor WILLAIM L. HANLEY</p> <p>Mailing Address of Donor 250 JUNGLE ROAD</p> <p>City State Zip PALM BEACH FL 33480</p>	<p>Date of Receipt 09 22 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor Frank Hawkins</p> <p>Mailing Address of Donor 204 Ocean Drive</p> <p>City State Zip Tavernier FL 33070</p>	<p>Date of Receipt 09 27 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>8 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry into from last page to Line B)</p>	<p>2 1 2 6 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor larry head</p> <hr/> <p>Mailing Address of Donor po box 468</p> <hr/> <p>City State Zip celina TN 38551</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor larry head</p> <hr/> <p>Mailing Address of Donor po box 468</p> <hr/> <p>City State Zip celina TN 38551</p>	<p>Date of Receipt 09 25 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor SAM & SHIRLEY HERTOGS</p> <hr/> <p>Mailing Address of Donor 1350 S FRONTAGE ROAD</p> <hr/> <p>City State Zip HASTINGS MN 55033</p>	<p>Date of Receipt 09 22 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor Craig Hobbs</p> <hr/> <p>Mailing Address of Donor P.O.Box 10902</p> <hr/> <p>City State Zip Bainbridge Islan WA 98110</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Robert Hoehn</p> <hr/> <p>Mailing Address of Donor 11436 High Drive</p> <hr/> <p>City State Zip Leawood KS 66211</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>400000</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>21660000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Brian Hufford</p> <hr/> <p>Mailing Address of Donor 8888 Keystone Crossing Blvd.</p> <hr/> <p>City State Zip Indianapolis IN 46290</p>	<p>Date of Receipt <small>MM DD</small> <small>YY</small> 09 29 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor harold humphrey</p> <hr/> <p>Mailing Address of Donor 8940 S.W. 160 St.</p> <hr/> <p>City State Zip Miami FL 33157</p>	<p>Date of Receipt <small>MM DD</small> <small>YY</small> 09 22 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Paul Isaac</p> <hr/> <p>Mailing Address of Donor 75 Prospect Avenue</p> <hr/> <p>City State Zip Larchmont NY 10538</p>	<p>Date of Receipt <small>MM DD</small> <small>YY</small> 09 29 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor Robert Jacoby</p> <hr/> <p>Mailing Address of Donor 8 Springhouse</p> <hr/> <p>City State Zip Sloatsburg NY 10974</p>	<p>Date of Receipt <small>MM DD</small> <small>YY</small> 09 29 2004</p> <p>Amount 2,500.00</p>
<p>E. Full Name of Donor Thomas H Johnson</p> <hr/> <p>Mailing Address of Donor PO Box 421549</p> <hr/> <p>City State Zip Atlanta GA 30342</p>	<p>Date of Receipt <small>MM DD</small> <small>YY</small> 09 25 2004</p> <p>Amount 2,500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ <small>(carry total from last page to Line E)</small></p>	<p>8,000.00</p> <hr/> <p>22,460.00</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 11 OF 39

A. Full Name of Donor LYNNE KALAGHER <hr/> Mailing Address of Donor 56 ABBEY ROAD <hr/> City State Zip MANHASSET NY 11030	Date of Receipt M M . D D . Y Y Y Y 0 9 . 2 2 . 2 0 0 4 Amount 2 5 0 0 0 0
B. Full Name of Donor benjamin karcher <hr/> Mailing Address of Donor 2300 e orangewood av <hr/> City State Zip anaheim CA 92806	Date of Receipt M M . D D . Y Y Y Y 0 9 . 2 6 . 2 0 0 4 Amount 1 0 0 0 0 0
C. Full Name of Donor Kenneth G. Lagone <hr/> Mailing Address of Donor 6275 Park Avenue <hr/> City State Zip New York NY 10152	Date of Receipt M M . D D . Y Y Y Y 0 9 . 2 3 . 2 0 0 4 Amount 1 0 0 0 0 0
D. Full Name of Donor John Lavigne <hr/> Mailing Address of Donor 4113 Lawrence street <hr/> City State Zip Alexandria VA 22309	Date of Receipt M M . D D . Y Y Y Y 0 9 . 2 8 . 2 0 0 4 Amount 5 0 0 0 0 0
E. Full Name of Donor John LeCour <hr/> Mailing Address of Donor 110 Canal DR <hr/> City State Zip Friendswood TX 77546	Date of Receipt M M . D D . Y Y Y Y 0 9 . 2 4 . 2 0 0 4 Amount 5 0 0 0 0 0
SUBTOTAL of Donations This Page (optional)	5 5 0 0 0 0
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	2 3 0 1 0 0 0 0

SCHEDULE 9-A
Donation(s) Received

PAGE 12 OF 39

A. Full Name of Donor John LeCour			Date of Receipt M O B . C C . Y Y . M M 0 8 . 2 2 . 2 0 0 4	
Mailing Address of Donor 110 Canal Dr			Amount 5 0 0 . 0 0	
City Friendswood	State TX	Zip 77546		
B. Full Name of Donor LANNING MACFARLAND, JR			Date of Receipt M O B . C C . Y Y . M M 0 9 . 2 2 . 2 0 0 4	
Mailing Address of Donor 45 LONGMEADOW ROAD			Amount 1 0 0 0 . 0 0	
City WINNETKA	State IL	Zip 60093		
C. Full Name of Donor ALAN Margolin			Date of Receipt M O B . C C . Y Y . M M 0 9 . 2 7 . 2 0 0 4	
Mailing Address of Donor 29 CHURCH LANE			Amount 1 0 0 0 . 0 0	
City SCARSDALE	State NY	Zip 10583		
D. Full Name of Donor Harry McMullan			Date of Receipt M O B . C C . Y Y . M M 0 9 . 2 3 . 2 0 0 4	
Mailing Address of Donor 3333 S. Council Rd.			Amount 5 0 0 . 0 0	
City Oklahoma City	State OK	Zip 73179		
E. Full Name of Donor Harry McMullan			Date of Receipt M O B . C C . Y Y . M M 0 8 . 2 4 . 2 0 0 4	
Mailing Address of Donor 3333 S. Council Rd.			Amount 5 0 0 . 0 0	
City Oklahoma City	State OK	Zip 73179		
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)			2 3 3 6 0 0 . 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Jim McNab</p> <p>Mailing Address of Donor 47 Church Street</p> <p>City State Zip Charleston SC 29401</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor W.F. MEGARGEL</p> <p>Mailing Address of Donor RR 4 BOX 4016</p> <p>City State Zip LAKE ARIEL PE 18436</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Magdy Mikhail</p> <p>Mailing Address of Donor 78 Hampton Oval</p> <p>City State Zip New Rochelle NY 10805</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Charles Noble</p> <p>Mailing Address of Donor 401 E. Wildwood Drive</p> <p>City State Zip San Antonio TX 78212</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Charles Noble</p> <p>Mailing Address of Donor 401 E. Wildwood</p> <p>City State Zip San Antonio TX 78212</p>	<p>Date of Receipt 08 27 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>5,000.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>23,860.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor DON W. & MERILLYN J. NOREN</p> <p>Mailing Address of Donor 98 BELBROOK WAY</p> <p>City State Zip ATHERTON CA 94027</p>	<p>Date of Receipt M M Y Y 0 9 2 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Bob Perry</p> <p>Mailing Address of Donor P.O. Box 34153</p> <p>City State Zip Houston TX 77234</p>	<p>Date of Receipt M M Y Y 0 9 2 3 2 0 0 4</p> <p>Amount 2 5 0 0 0 0 0 0</p>
<p>C. Full Name of Donor Wayne Pickard</p> <p>Mailing Address of Donor 2602 John Moore Rd</p> <p>City State Zip Brandon FL 33511</p>	<p>Date of Receipt M M Y Y 0 9 2 2 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Wayne Pickard</p> <p>Mailing Address of Donor 2602 John Moore Rd</p> <p>City State Zip Brandon FL 33511</p>	<p>Date of Receipt M M Y Y 0 9 1 5 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor T. Boone Pickens</p> <p>Mailing Address of Donor 8117 Preston Road, Suite 260</p> <p>City State Zip Dallas TX 75225</p>	<p>Date of Receipt M M Y Y 0 9 2 9 2 0 0 4</p> <p>Amount 1 0 0 0 0 0 0 0</p>

<p>SUBTOTAL of Donations THIS Page (optional) ▶</p>	<p>1 2 5 2 0 0 0 0 0</p>
<p>TOTAL This Period (see page this line number on?) ▶ (carry total from last page to Line 9)</p>	<p>1 4 9 0 6 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 15 OF 39

A. Full Name of Donor MARY CONNOR PIERCE <hr/> Mailing Address of Donor 4000 ROYAL MARCO WAY # 326 <hr/> City State Zip MARCO ISLAND FL 34145	Date of Receipt M M Y Y 0 9 2 3 2 0 0 4 <hr/> Amount 3 0 0 0 0 0
B. Full Name of Donor THOMAS RAKOW <hr/> Mailing Address of Donor P.O. BOX 545 <hr/> City State Zip ELGIN IL 60121	Date of Receipt M M Y Y 0 9 2 9 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
C. Full Name of Donor JOHN REBHAN <hr/> Mailing Address of Donor 3240 MAHONING AVE NW <hr/> City State Zip WARREN OH 44461	Date of Receipt M M Y Y 0 9 2 2 2 0 0 4 <hr/> Amount 2 5 0 0 0 0
D. Full Name of Donor THOMAS RESER <hr/> Mailing Address of Donor 19349 NOEC ROAD <hr/> City State Zip ELWOOD IL 60421	Date of Receipt M M Y Y 0 9 2 3 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
E. Full Name of Donor Leslie Sacks <hr/> Mailing Address of Donor 11640 San Vicente Blvd. <hr/> City State Zip Los Angeles CA 90049	Date of Receipt M M Y Y 0 9 2 9 2 0 0 4 <hr/> Amount 1 0 0 0 0 0

SUBTOTAL of Donations This Page (optional) ▶

8 5 0 0 0 0

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

1 4 9 9 1 0 0 0 0

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Margaret Salisbury</p> <p>Mailing Address of Donor 3012 West 67th Terrace</p> <p>City State Zip Mission Hills KS 66208</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor Margaret M. Salisbury</p> <p>Mailing Address of Donor 3012 W 67th Ter.</p> <p>City State Zip Mission Hills KS 66208</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor C. Brightman Skinner</p> <p>Mailing Address of Donor 6210 San Jose Blvd W</p> <p>City State Zip Jacksonville FL 32217</p>	<p>Date of Receipt 08 07 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor C. BRIGHTMAN SKINNER</p> <p>Mailing Address of Donor 6210 SAN JOSE BOULEVARD W</p> <p>City State Zip JACKSONVILLE FL 32217</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 1000.00</p>
<p>E. Full Name of Donor Michael Skinner</p> <p>Mailing Address of Donor 11030 Santa Monica Blvd #207</p> <p>City State Zip Los Angeles CA 90025</p>	<p>Date of Receipt 09 24 2004</p> <p>Amount 1000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 8)</p>	<p>3500.00</p> <p>1,602,600.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William Sponzilli</p> <p>Mailing Address of Donor 7333 Scotland Way # 2109</p> <p>City State Zip Sarasota FL 34238</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor William and Bernadin Sponzilli</p> <p>Mailing Address of Donor 7333 Scotland Way #2109</p> <p>City State Zip Sarasota FL 34238</p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor James E. Stephenson</p> <p>Mailing Address of Donor P.O.Box 43326</p> <p>City State Zip Atlanta GA 30336</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 5000.00</p>
<p>D. Full Name of Donor W. STODDARD</p> <p>Mailing Address of Donor 54 SHORE ROAD</p> <p>City State Zip OLD GREENWICH CT 06870</p>	<p>Date of Receipt 09 22 2004</p> <p>Amount 1000.00</p>
<p>E. Full Name of Donor Roger Stone</p> <p>Mailing Address of Donor 1114 Sheridan Road</p> <p>City State Zip Glencoe IL 60022</p>	<p>Date of Receipt 05 23 2004</p> <p>Amount 1000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line B)</p>	<p>6200.00</p> <p>1564800.00</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 18 OF 39

A. Full Name of Donor Jonathan Sturman Mailing Address of Donor 8061 Riverside Dr. City State Zip Richmond VA 23225	Date of Receipt 09 28 2004 Amount 1,000.00
B. Full Name of Donor Arthur H. Tiger Mailing Address of Donor 8 Glenbrook Dr. City State Zip Mendham NJ 07945	Date of Receipt 09 17 2004 Amount 500.00
C. Full Name of Donor Arthur H. Tiger Mailing Address of Donor 8 Glenbrook Dr. City State Zip Mendham NJ 07945	Date of Receipt 09 17 2004 Amount 500.00
D. Full Name of Donor A. R. Townsend, Sr. Mailing Address of Donor Apt. 810 200 Patterson Ave. City State Zip San Antonio TX 78209	Date of Receipt 09 24 2004 Amount 2,500.00
E. Full Name of Donor DEAN A. TROYER Mailing Address of Donor 4301 SW HUNTOON STREET SUITE 2 City State Zip TOPEKA KS 66604	Date of Receipt 09 23 2004 Amount 1,000.00
SUBTOTAL of Donations This Page (optional)	5,500.00
TOTAL This Period (see page 11a line number only) (carry total from last page to Line 5)	1,570,100.00

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Michael Valentine</p> <p>Mailing Address of Donor 1861 Dexter Avenue</p> <p>City State Zip Cincinnati OH 45206</p>	<p>Date of Receipt M M D D Y Y 0 9 2 2 2 0 0 4</p> <p>Amount 2 5 0 0 . 0 0</p>
<p>B. Full Name of Donor Michael Valentine</p> <p>Mailing Address of Donor 1861 Dexter Avenue</p> <p>City State Zip Cincinnati OH 45206</p>	<p>Date of Receipt M M D D Y Y 0 9 2 9 2 0 0 4</p> <p>Amount 2 5 0 0 . 0 0</p>
<p>C. Full Name of Donor daniel Vidars</p> <p>Mailing Address of Donor 28 Lynwood lane</p> <p>City State Zip West Boylston MA 01583</p>	<p>Date of Receipt M M D D Y Y 0 9 0 2 2 0 0 4</p> <p>Amount 2 5 0 0 . 0 0</p>
<p>D. Full Name of Donor Robert Werra</p> <p>Mailing Address of Donor 2800 N Dallas Pkwy #100</p> <p>City State Zip Plano TX 75093</p>	<p>Date of Receipt M M D D Y Y 0 9 2 4 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>E. Full Name of Donor BRUCE WITHERS</p> <p>Mailing Address of Donor 67 BRIDGEBERRY PLACE</p> <p>City State Zip THE WOODLANDS TX 77381</p>	<p>Date of Receipt M M D D Y Y 0 9 2 2 2 0 0 4</p> <p>Amount 1 5 0 0 . 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page this tax return only) ▶ (carry total from last page to line B)</p>	<p>1 0 0 0 . 0 0 0 0</p> <p>1 5 8 0 . 1 0 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor MICHAEL YOUNG</p> <p>Mailing Address of Donor 3701 stevenson</p> <p>City State Zip AUSTIN TX 78703</p>	<p>Date of Receipt 09 29 2004</p> <p>Amount 1,000.00</p>
<p>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>C. 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>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>1,000.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1,587,100.00</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	Communication Date 0 9 / 3 0 / 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 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 KLAS-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 3228 Channel 8 Drive				Amount \$ 9,760.00	
City Las Vegas	State NV	Zip Code 89109	Communication Date 0 9 / 3 0 / 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 type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
SUBTOTAL of Disbursements/Obligations This Page (optional)				9 3 0 9 3 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				9 3 0 9 3 0 0	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KTNV-TV				Date of Disbursement or Obligation 0 9 / 2 6 / 2 0 0 4	
Mailing Address of Payee 3355 South Valley View Blvd				Amount , 3 2 , 4 7 0 . 0 0	
City Las Vegas	State NV	Zip Code 89102	Communication Date 0 9 / 3 0 / 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 Senate District:	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 Senate District:	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 Senate District:	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 KVBC-TV				Date of Disbursement or Obligation 0 9 / 2 3 / 2 0 0 4	
Mailing Address of Payee 1500 Foremaster Lane				Amount , 1 1 5 , 3 4 5 . 0 0	
City Las Vegas	State NV	Zip Code 89101	Communication Date 0 9 / 3 0 / 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 Senate District:	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 Senate District:	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 Senate District:	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 4 7 , 8 1 5 . 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				2 4 0 , 9 0 6 . 0 0	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KVVU-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 25 TV 5 Drive				Amount 1 4 3 2 2 5 0	
City Henderson	State NV	Zip Code 89104		Communication Date 0 9 / 3 0 / 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 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 KOLO-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 4850 Ampere Drive				Amount 5 4 2 7 2 5 0	
City Reno	State NV	Zip Code 89502		Communication Date 0 9 / 3 0 / 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 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)				6 8 5 9 5 0 0	
TOTAL This Field (last page this box number only) (carry total from last page to Line 10)				3 0 9 5 0 3 0 0	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KRNV-TV				Date of Disbursement or Obligation: 0 9 2 8 2 0 0 4			
Mailing Address of Payee 1790 Vassar Street				Amount: 4 6,1 9 7,5 0			
City Reno	State NV	Zip Code 89510		Communication Date: 0 9 3 0 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"/> District	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"/> District	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"/> District	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 KRXI-TV				Date of Disbursement or Obligation: 0 9 2 8 2 0 0 4			
Mailing Address of Payee 4920 Brookside Court				Amount: 1 0,5 4 0,0 0			
City Reno	State NV	Zip Code 89502		Communication Date: 0 9 3 0 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"/> District	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"/> District	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"/> District	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)				5 6,7 3 7,5 0			
TOTAL This Period (last page this line number only) (carry over from last page to line 10)				3 6 6,2 4 0,5 0			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KTVN-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4			
Mailing Address of Payee 4925 Energy Way				Amount 3 3 7 8 7 5 0			
City Reno	State NV	Zip Code 89502		Communication Date 0 9 / 3 0 / 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:		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought:		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee KOAT-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4			
Mailing Address of Payee 3801 Carlisle NE				Amount 6 3 9 6 2 5 0			
City Albuquerque	State NM	Zip Code 87125		Communication Date 0 9 / 3 0 / 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:		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought:		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				9 7 7 5 0 0 0			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				4 8 3 9 9 0 5 0			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KOB-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4			
Mailing Address of Payee 4 Broadcast Plaza SW				Amount , 6 2, 0 5 0, 0 0			
City Albuquerque		State NM		Zip Code 87103			
Name of Employer _____				Occupation _____			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: _____			
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
B. Full Name (Last, First, Middle Initial) of Payee KROQ-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4			
Mailing Address of Payee 13 Broadcast Plaza SW				Amount , 6 7, 0 6 5, 0 0			
City Albuquerque		State NM		Zip Code 87103			
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)				1 2 9, 1 1 5, 0 0			
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				5 9 3, 1 0 5, 5 0			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KASA-TV				Date of Disbursement or Obligation 0 9 2 8 2 0 0 4			
Mailing Address of Payee 1377 University Blvd NE				Amount 9,660.00			
City Albuquerque		State NM		Zip Code 87103		Communication Date 0 9 3 0 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 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 KDKA-TV				Date of Disbursement or Obligation 0 9 2 8 2 0 0 4			
Mailing Address of Payee One Gateway Center				Amount 6,608.75			
City Pittsburgh		State PA		Zip Code 15222		Communication Date 0 9 3 0 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 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)						7,594.75	
TOTAL This Period (use page this line number only) (carry total from last page to Line 40)						6,690.53	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WPGH-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 750 Ivory Avenue				Amount 1,870.00	
City Pittsburgh	State PA	Zip Code 15214		Commencement Date 0 9 / 3 0 / 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 <input checked="" type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	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 WPXI-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 11 Television Hill				Amount 3,111.00	
City Pittsburgh	State PA	Zip Code 15214		Commencement Date 0 9 / 3 0 / 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 <input checked="" type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursement/Obligations This Page (optional)				3,298.00	
TOTAL This Period (last page via line number entry) (carry total from last page to line 10)				7,020.33	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WTAE-TV				Date of Disbursement or Obligation 0 9 2 8 2 0 0 4			
Mailing Address of Payee 400 Ardmore Blvd.				Amount 2 0 5 2 7 5 0			
City Pittsburgh		State PA		Zip Code 15221		Communication Date 0 9 3 0 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 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 WGAL-TV				Date of Disbursement or Obligation 0 9 2 8 2 0 0 4			
Mailing Address of Payee 1300 Columbia Avenue				Amount 1 0 1 7 8 7 5 0			
City Lancaster		State PA		Zip Code 17603		Communication Date 0 9 3 0 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 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)						1 2 2 3 1 5 0 0	
TOTAL This Field (last page this line number only) (carry total from last page to Line 10)						8 2 4 3 4 8 0 0	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payer: WHP-TV				Date of Disbursement or Obligation: 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payer: 300 North Sixth Street				Amount: 3 7 8 2 5 0 0	
City: Harrisburg		State: PA	Zip Code: 17110	Communication Date: 0 9 / 3 0 / 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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate:		Office Sought:		Disbursement/Obligation For:	
Name of Federal Candidate:		Office Sought:		Disbursement/Obligation For:	
B. Full Name (Last, First, Middle Initial) of Payee: WHFM-TV				Date of Disbursement or Obligation: 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee: 3235 Hoffman Street				Amount: 2 7 0 3 0 0 0	
City: Harrisburg		State: PA	Zip Code: 17110	Communication Date: 0 9 / 3 0 / 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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate:		Office Sought:		Disbursement/Obligation For:	
Name of Federal Candidate:		Office Sought:		Disbursement/Obligation For:	
SUBTOTAL of Disbursements/Obligations This Page (optional)				6 4 8 5 5 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				8 8 9 2 0 3 0 0	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WPMT-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 2005 South Queen Street				Amount 7,225.00	
City York	State PA	Zip Code 17403		Communication Date 0 9 / 3 0 / 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	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 WBRE-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 62 South Franklin Street				Amount 3,659.25	
City Wilkes Barre	State PA	Zip Code 18701		Communication Date 0 9 / 3 0 / 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	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)				4,381.75	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				9,330.2050	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WNEP-TV				Date of Disbursement or Obligation 0 9 2 8 2 0 0 4			
Mailing Address of Payee 16 Montage Mountain Rd				Amount , 3 0, 2 1 7, 5 0			
City Mossic		State PA		Zip Code 18507		Communication Date 0 9 3 0 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 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 WOLF-TV				Date of Disbursement or Obligation 0 9 2 8 2 0 0 4			
Mailing Address of Payee 1181 Highway 315				Amount , 1 0, 4 5 5, 0 0			
City Plains		State PA		Zip Code 18702		Communication Date 0 9 3 0 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. Keny		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 (upload) ▶						4 0 6 7 2 5 0	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 11)						9 7 3 6 9 3 0 0	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WYOU-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 409 Lackawanna Avenue				Amount 2 8 4 7 7 5 0	
City Scranton	State PA	Zip Code 18503		Communication Date 0 9 / 3 0 / 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 WATM-TV				Date of Disbursement or Obligation 0 9 / 3 0 / 2 0 0 4	
Mailing Address of Payee 1450 Scalp Avenue				Amount 2 8 4 0 0 0	
City Johnstown	State PA	Zip Code 15904		Communication Date 0 9 / 3 0 / 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) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				2 8 5 1 7 5 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				1 0 0 2 2 1 0 5 0	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WJAC-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 49 Old Hickory Lane				Amount 8,738.00	
City Johnstown	State PA	Zip Code 15905	Communication Date 0 9 / 3 0 / 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"/> District	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"/> District <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"/> District <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 WTAJ-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 5000 6th Avenue				Amount 23,120.00	
City Altoona	State PA	Zip Code 16802	Communication Date 0 9 / 3 0 / 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"/> District	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"/> District <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"/> District <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)				31,858.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				1,034,066.50	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WWCP-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 1450 Scalp Avenue				Amount 1,521.50	
City Johnstown	State PA	Zip Code 15904		Communication Date 0 9 / 3 0 / 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 type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name (Last, First, Middle Initial) of Payee WFXP-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 8455 Peach Street				Amount 5,168.00	
City Erie	State PA	Zip Code 16509		Communication Date 0 9 / 3 0 / 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 type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursement/Obligations This Page (optional)				6,689.50	
TOTAL This Period (last page this line number only) (carry total from last page to Line 19)				1,040,758.00	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WICU-TV				Date of Disbursement or Obligation 0 9 2 8 2 0 0 4			
Mailing Address of Payee 3514 State Street				Amount 1 9 8 0 1 0 0			
City Erie		State PA		Zip Code 16508		Communication Date 0 9 3 0 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 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 WJET-TV				Date of Disbursement or Obligation 0 9 2 8 2 0 0 4			
Mailing Address of Payee 8455 Peach Street				Amount 4 6 5 8 0 0 0			
City Erie		State PA		Zip Code 16509		Communication Date 0 9 3 0 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 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)						2 4 2 5 9 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)						1 0 6 5 0 1 7 0 0	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WSEE-TV				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 1220 Peach Street				Amount , 1 7, 3 4 0. 0 9	
City Erie	State PA	Zip Code 18501	Communication Date 0 9 / 3 0 / 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 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 MSNBC				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 1 MSNBC Plaza				Amount , 2 3, 9 3 7. 7 0	
City Secaucus	State NJ	Zip Code 07094	Communication Date 0 9 / 3 0 / 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 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)				4 1, 2 7 7. 7 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 13)				1 1, 0 6, 2 9 4. 7 0	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee CNN				Date of Disbursement or Obligation: 0 9 / 2 8 / 2 0 0 4			
Mailing Address of Payee One CNN Center				Amount 5 3 1 2 5 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) ▶	
B. Full Name (Last, First, Middle Initial) of Payee HEADLINE				Date of Disbursement or Obligation: 0 9 / 2 8 / 2 0 0 4			
Mailing Address of Payee One CNN Center				Amount 3 1 7 9 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) ▶				5 6 3 0 4 0 0			
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				1 1 6 2 5 9 8 7 0			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 600 Fairmount Avenue, Suite 308				Amount 1 8 4, 3 5 9. 9 0	
City Towson	State MD	Zip Code 21286	Communication Date 0 9 / 3 0 / 2 0 0 4		
Name of Employer _____ Occupation _____					
Purpose of Disbursement (including type(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) >		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >		
B. Full Name (Last, First, Middle Initial) of Payee Stevens Reed Curcio & Polholm				Date of Disbursement or Obligation 0 9 / 2 8 / 2 0 0 4	
Mailing Address of Payee 305 Cameron Street				Amount 3 5, 1 9 4. 0 0	
City Alexandria	State VA	Zip Code 22314	Communication Date 0 9 / 3 0 / 2 0 0 4		
Name of Employer _____ Occupation _____					
Purpose of Disbursement (including type(s) of communication(s)) Media Production/Post					
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)				2 1 9, 5 5 3. 9 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				1 3 8, 2 1 5 2. 6 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 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 N</i> PREPARER	<i>11-18-04</i> DATE PREPARED