"Mark Ward" <MWard@skadden.com> on 08/24/2004 09:37:25 PM

To: 2022190174@fcc.gov
cc:

Subject: Form 9, National Progress Fund

Please find the attached Form 9 for National Progress Fund.

Do not hesitate to call with any questions or concerns.

Thanks!
-mw

-Mark W. Ward
Client Specialist
Skadden Arps Slate Meagher & Flom LLP
1440 New York Avenue NW
Washington, DC 20005
(202) 371-7571 Direct Dial
(202) 371-7683 Fax

****
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Further information about the firm, a list of the Partners and their professional qualifications will be provided upon request.
****

- NPF.pdf

24038503623

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
National Progress Fund

(b) Address (number and street) ☐ check if different than previously reported
PO Box 57154

(c) City, State and ZIP Code
Washington DC 20037-

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

2. FEC Identification Number
C C00000000

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 06 / 04 / 2004 through 06 / 24 / 2004

5. (a) Date of Public Distribution(s) 06 / 24 / 2004 **(b) Communication Title** Scoundrels Strange

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? 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
David W. Jones

(b) Address (number and street)
PO Box 57154

(c) City, State and ZIP Code
Washington DC 20037

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

9. Total Donations This Statement 323600.00

10. Total Disbursements/Obligations This Statement 138856.00

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 David W. Jones

SIGNATURE _____ DATE 08/24/2004

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

FE9AN006

FEC FORM 9 (REV. 01/03)

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

11. Person(s) Sharing/Exercising Control

A. (a) Name
David W. Jones

(b) Address (number and street)
PO Box 57154

(c) City, State and ZIP Code
Washington, DC 200374

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

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

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

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

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

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

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

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

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

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Americans For Jobs
Mailing Address of Donor
2000 M Street NW
City: Washington | State: DC | Zip: 20036-
Date of Receipt: 05 / 04 / 2004
Amount: 200000.00
Transaction ID : 0824200458C1

B. Full Name of Donor
Americans For Jobs
Mailing Address of Donor
2000 M Street NW
City: Washington | State: DC | Zip: 20036-
Date of Receipt: 06 / 01 / 2004
Amount: 25000.00
Transaction ID : 0824200458C3

C. Full Name of Donor
Painters & Allied Trades Union
Mailing Address of Donor
1750 New York Ave NW
City: Washington | State: DC | Zip: 20006-
Date of Receipt: 07 / 23 / 2004
Amount: 25000.00
Transaction ID : 0824200458C15

D. Full Name of Donor
Ann Brown
Mailing Address of Donor
2734 Rhone Drive
City: West Palm Beach | State: FL | Zip: 33410-
Date of Receipt: 08 / 24 / 2004
Amount: 5000.00
Transaction ID : 0824200458C10

E. Full Name of Donor
Morton Funger
Mailing Address of Donor
9000 Durham Drive
City: Potomac | State: MD | Zip: 20854-
Date of Receipt: 08 / 24 / 2004
Amount: 5000.00
Transaction ID : 0824200458C11

SUBTOTAL of Donations This Page (optional)..... 260000.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 3)

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
John Koza

Mailing Address of Donor
PO Box K

City: Sacramento | State: CA | Zip: 94203-

Date of Receipt: 06 / 10 / 2004
Amount: 25000.00
Transaction ID : 08242004598C6

B. Full Name of Donor
Julian Kramer

Mailing Address of Donor
50 Main Street

City: Trenton | State: NJ | Zip: 08604-

Date of Receipt: 06 / 18 / 2004
Amount: 1000.00
Transaction ID : 08242004598C8

C. Full Name of Donor
James Hance

Mailing Address of Donor
525 N. Harbor City Blvd

City: Patrick A F B | State: FL | Zip: 32925-

Date of Receipt: 07 / 13 / 2004
Amount: 1000.00
Transaction ID : 08242004598C14

D. Full Name of Donor
Howard Rosen

Mailing Address of Donor
5000 Royal Marco Way

City: Marco Island | State: FL | Zip: 34145-

Date of Receipt: 06 / 19 / 2004
Amount: 1000.00
Transaction ID : 08242004598C7

E. Full Name of Donor
Robert Savoie

Mailing Address of Donor
169 East Oak Ridge Park

City: Metairie | State: LA | Zip: 70005-

Date of Receipt: 06 / 23 / 2004
Amount: 25000.00
Transaction ID : 08242004598C12

SUBTOTAL of Donations This Page (optional) 53000.00

TOTAL This Period (last page this line number only) .....
(carry total from last page to Line 8)

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

Joseph Tomking

Mailing Address of Donor
6642 Elm Street

City	State	Zip
Mc Lean	VA	22101-

Date of Receipt: 06 / 01 / 2004

Amount: 5000.00

Transaction ID : 0824200459C4

B. Full Name of Donor

Lynn Wasserman

Mailing Address of Donor
312 S. Palm Drive

City	State	Zip
Beverly Hills	CA	90210-

Date of Receipt: 06 / 23 / 2004

Amount: 5000.00

Transaction ID : 0824200458C9

SUBTOTAL of Donations This Page (optional)	10000.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	323000.00

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
Exciting New Technologies

Mailing Address of Payee
One Penn Plaza

City: New York | State: NY | Zip Code: 10019-

Name of Employer | Occupation

Date of Disbursement or Obligation: 05 / 05 / 2004

Amount: 10500.00

Communication Date: 08 / 24 / 2004

Transaction ID : 0824200459E13

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

Name of Federal Candidate: RALPH NADER
F9408242004 59E13
Office Sought: House / Senate / X President
State: District: 00
Disbursement/Obligation For: 2004
X Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
Exciting New Technologies

Mailing Address of Payee
One Penn Plaza

City: New York | State: NY | Zip Code: 10019-

Name of Employer | Occupation

Date of Disbursement or Obligation: 06 / 18 / 2004

Amount: 5000.00

Communication Date: 08 / 24 / 2004

Transaction ID : 0824200459E28

Purpose of Disbursement (including title(s) of communication(s))
INTERNET SET-UP

Name of Federal Candidate: RALPH NADER
F9408242004 59E28
Office Sought: House / Senate / X President
State: District: 00
Disbursement/Obligation For: 2004
X Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

SUBTOTAL of Disbursement/Obligation This Page (optional) 15500.00

TOTAL This Period (last page this line number only) .....
(carry total from last page to line 10)

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
Mundy Katowitz Media

Mailing Address of Payee
901 Pennsylvania Ave NW

City: Washington | State: DC | Zip Code: 20005-

Name of Employer | Occupation

Date of Disbursement or Obligation: 05 / 20 / 2004

Amount: 35000.00

Communication Date: 08 / 24 / 2004

Transaction ID : 0824200459E18

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

Name of Federal Candidate: RALPH NADER
F9408242004 59E18
Office Sought: House / Senate / X President
State: District: 00
Disbursement/Obligation For: 2004 X Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
Mundy Katowitz Media

Mailing Address of Payee
901 Pennsylvania Ave NW

City: Washington | State: DC | Zip Code: 20005-

Name of Employer | Occupation

Date of Disbursement or Obligation: 08 / 19 / 2004

Amount: 19000.00

Communication Date: 08 / 24 / 2004

Transaction ID : 0824200459E42

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

Name of Federal Candidate: RALPH NADER
F9408242004 59E42
Office Sought: House / Senate / X President
State: District: 00
Disbursement/Obligation For: 2004 X Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

SUBTOTAL of Disbursement/Obligation This Page (optional) 54000.00

TOTAL This Period (last page this line number only) .....
(carry total from last page to line 10)

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
Mundy Kelleultz Media

Mailing Address of Payee
901 Pennsylvania Ave NW

City: Washington | State: DC | Zip Code: 20005-

Name of Employer | Occupation

Date of Disbursement or Obligation: 05 / 23 / 2004

Amount: 1157.00

Communication Date: 05 / 24 / 2004

Transaction ID : 08242004459E43

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

Name of Federal Candidate: RALPH NADER
Office Sought: House / Senate / X President | State: | District: 00
Disbursement/Obligation For: 2004 X Primary / General / Other (specify)

F9408242004459E43

Name of Federal Candidate
Office Sought: House / Senate / President | State: | District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President | State: | District:
Disbursement/Obligation For: Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
KLM Group

Mailing Address of Payee
5 Interstate Corporate Center

City: Norfolk | State: VA | Zip Code: 23502-

Name of Employer | Occupation

Date of Disbursement or Obligation: 05 / 24 / 2004

Amount: 1990.00

Communication Date: 05 / 24 / 2004

Transaction ID : 08242004459E21

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

Name of Federal Candidate: RALPH NADER
Office Sought: House / Senate / X President | State: | District: 00
Disbursement/Obligation For: 2004 X Primary / General / Other (specify)

F9408242004459E21

Name of Federal Candidate
Office Sought: House / Senate / President | State: | District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President | State: | District:
Disbursement/Obligation For: Primary / General / Other (specify)

SUBTOTAL of Disbursement/Obligation This Page (optional) 3147.00

TOTAL This Period (last page this line number only) .....
(carry total from last page to line 10)

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
KLM Group

Mailing Address of Payee
5 Interstate Corporate Center

City: Norfolk | State: VA | Zip Code: 23502-

Name of Employer | Occupation

Date of Disbursement or Obligation: 06 / 24 / 2004

Amount: 1800.00

Communication Date: 06 / 24 / 2004

Transaction ID : 0824200459E25

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

Name of Federal Candidate: RALPH NADER
F9408242004 59E25
Office Sought: House / Senate / X President
State: District: 00
Disbursement/Obligation For: 2004 X Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
Greenberg Research

Mailing Address of Payee
10 G Street NE

City: Washington | State: DC | Zip Code: 20002-

Name of Employer | Occupation

Date of Disbursement or Obligation: 05 / 28 / 2004

Amount: 25000.00

Communication Date: 06 / 24 / 2004

Transaction ID : 0824200459E22

Purpose of Disbursement (including title(s) of communication(s))
POLLING, FOCUS GROUPS

Name of Federal Candidate: RALPH NADER
F9408242004 59E22
Office Sought: House / Senate / X President
State: District: 00
Disbursement/Obligation For: 2004 X Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

SUBTOTAL of Disbursement/Obligation This Page (optional) 26800.00

TOTAL This Period (last page this line number only) .....
(carry total from last page to line 10)

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
Media Guys

Mailing Address of Payee
7436 E. Stetson Drive

City	State	Zip Code
Tempe	AZ	85281-

Name of Employer | Occupation

Date of Disbursement or Obligation: 07 01 2004

Amount: 3700.00

Communication Date: 08 24 2004

Transaction ID : 082420045SE7

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

Name of Federal Candidate: RALPH NADER
F94082420045SE7
Office Sought: House / Senate / X President
State: District: 00
Disbursement/Obligation For: 2004 X Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
Red Eye Production

Mailing Address of Payee
706 Prince Street

City	State	Zip Code
Alexandria	VA	22314-

Name of Employer | Occupation

Date of Disbursement or Obligation: 08 19 2004

Amount: 275.00

Communication Date: 08 24 2004

Transaction ID : 082420045SE46

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

Name of Federal Candidate: RALPH NADER
F94082420045SE46
Office Sought: House / Senate / X President
State: District: 00
Disbursement/Obligation For: 2004 X Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

SUBTOTAL of Disbursement/Obligation This Page (optional) 3975.00

TOTAL This Period (last page this line number only) .....
(carry total from last page to line 10)

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
Jackson Group

Mailing Address of Payee
206 N. Washington Street

City: Alexandria | State: VA | Zip Code: 22314-

Name of Employer | Occupation

Date of Disbursement or Obligation: M 08 D 02 Y 2004

Amount: 1075.00

Communication Date: M 08 D 24 Y 2004

Transaction ID : 08242004503E47

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

Name of Federal Candidate: RALPH NADER
Office Sought: House / Senate / [X] President | State: | District: 00
Disbursement/Obligation For: 2004 [X] Primary / General / Other (specify)

F9408242004504E47

Name of Federal Candidate
Office Sought: House / Senate / President | State: | District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President | State: | District:
Disbursement/Obligation For: Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
Jackson Group

Mailing Address of Payee
206 N. Washington Street

City: Alexandria | State: VA | Zip Code: 22314-

Name of Employer | Occupation

Date of Disbursement or Obligation: M 08 D 19 Y 2004

Amount: 4700.00

Communication Date: M 08 D 24 Y 2004

Transaction ID : 08242004503E46

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

Name of Federal Candidate: RALPH NADER
Office Sought: House / Senate / [X] President | State: | District: 00
Disbursement/Obligation For: 2004 [X] Primary / General / Other (specify)

F9408242004504E48

Name of Federal Candidate
Office Sought: House / Senate / President | State: | District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President | State: | District:
Disbursement/Obligation For: Primary / General / Other (specify)

SUBTOTAL of Disbursement/Obligation This Page (optional) 5775.00

TOTAL This Period (last page this line number only) .....
(carry total from last page to line 10)

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
Karl Frisch

Date of Disbursement or Obligation: M 06 D 21 Y 2004

Mailing Address of Payee
1701 16th Street NW

Amount: 1500.00

City: Washington | State: DC | Zip Code: 20009-

Communication Date: M 08 D 24 Y 2004

Name of Employer: Self-employed | Occupation: Consultant

Transaction ID : 0924200459E20

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

Name of Federal Candidate: RALPH NADER
Office Sought: House / Senate / X President | State: | District: 00
Disbursement/Obligation For: 2004 X Primary General Other (specify)

F9400924200459E20

Name of Federal Candidate
Office Sought: House / Senate / President | State: | District:
Disbursement/Obligation For: Primary General Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President | State: | District:
Disbursement/Obligation For: Primary General Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
Karl Frisch

Date of Disbursement or Obligation: M 06 D 12 Y 2004

Mailing Address of Payee
1701 16th Street NW

Amount: 1500.00

City: Washington | State: DC | Zip Code: 20009-

Communication Date: M 08 D 24 Y 2004

Name of Employer: Self-employed | Occupation: Consultant

Transaction ID : 0924200459E22

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

Name of Federal Candidate: RALPH NADER
Office Sought: House / Senate / X President | State: | District: 00
Disbursement/Obligation For: 2004 X Primary General Other (specify)

F9400924200459E22

Name of Federal Candidate
Office Sought: House / Senate / President | State: | District:
Disbursement/Obligation For: Primary General Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President | State: | District:
Disbursement/Obligation For: Primary General Other (specify)

SUBTOTAL of Disbursement/Obligation This Page (optional) 3000.00

TOTAL This Period (last page this line number only) .....
(carry total from last page to line 10)

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
Karl Frisch

Mailing Address of Payee
1701 16th Street NW

City: Washington | State: DC | Zip Code: 20009-

Name of Employer: Self-employed | Occupation: Consultant

Date of Disbursement or Obligation: 08 / 23 / 2004

Amount: 1500.00

Communication Date: 08 / 24 / 2004

Transaction ID : 0824200459E41

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

Name of Federal Candidate: RALPH NADER
F9408242004 59E41
Office Sought: House / Senate / X President
State:
District: 00
Disbursement/Obligation For: 2004
x Primary / General
Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State:
District:
Disbursement/Obligation For:
Primary / General
Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State:
District:
Disbursement/Obligation For:
Primary / General
Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
Chris Kotinis

Mailing Address of Payee
2110 Paul Edwin Terrace

City: Falls Church | State: VA | Zip Code: 22043-

Name of Employer: Self-employed | Occupation: Consultant

Date of Disbursement or Obligation: 05 / 21 / 2004

Amount: 4500.00

Communication Date: 08 / 24 / 2004

Transaction ID : 0824200459E19

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

Name of Federal Candidate: RALPH NADER
F9408242004 59E19
Office Sought: House / Senate / X President
State:
District: 00
Disbursement/Obligation For: 2004
X Primary / General
Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State:
District:
Disbursement/Obligation For:
Primary / General
Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State:
District:
Disbursement/Obligation For:
Primary / General
Other (specify)

SUBTOTAL of Disbursement/Obligation This Page (optional) 6000.00

TOTAL This Period (last page this line number only) .....
(carry total from last page to line 10)

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
Chris Kofinis

Mailing Address of Payee
2110 Paul Edwin Terrace

City	State	Zip Code
Falls Church	VA	22043-

Name of Employer: Self-employed
Occupation: Consultant

Date of Disbursement or Obligation: 06 / 18 / 2004
Amount: 4500.00
Communication Date: 08 / 24 / 2004
Transaction ID : 0824200459E27

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

Name of Federal Candidate: RALPH NADER
F94082420045 9E27
Office Sought: House / Senate / X President
State: District: 00
Disbursement/Obligation For: 2004
X Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
Chris Kofinis

Mailing Address of Payee
2110 Paul Edwin Terrace

City	State	Zip Code
Falls Church	VA	22043-

Name of Employer: Self-employed
Occupation: Consultant

Date of Disbursement or Obligation: 07 / 24 / 2004
Amount: 300.00
Communication Date: 08 / 24 / 2004
Transaction ID : 0824200459E12

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

Name of Federal Candidate: RALPH NADER
F94082420045 9E12
Office Sought: House / Senate / X President
State: District: 00
Disbursement/Obligation For: 2004
X Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

SUBTOTAL of Disbursement/Obligation This Page (optional) 4800.00

TOTAL This Period (last page this line number only) .....
(carry total from last page to line 10)

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
Chris Kofinis

Mailing Address of Payee
2110 Paul Edwin Terrace

City: Falls Church | State: VA | Zip Code: 22043-

Name of Employer: Self-employed | Occupation: Consultant

Date of Disbursement or Obligation: 08 / 04 / 2004

Amount: 7500.00

Communication Date: 08 / 24 / 2004

Transaction ID : 0824200459E34

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

Name of Federal Candidate: RALPH NADER
F94062420045 9E34
Office Sought: House / Senate / X President
State: District: 00
Disbursement/Obligation For: 2004
X Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
Chris Kofinis

Mailing Address of Payee
2110 Paul Edwin Terrace

City: Falls Church | State: VA | Zip Code: 22043-

Name of Employer: Self-employed | Occupation: Consultant

Date of Disbursement or Obligation: 08 / 24 / 2004

Amount: 7500.00

Communication Date: 08 / 24 / 2004

Transaction ID : 0824200459E36

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

Name of Federal Candidate: RALPH NADER
F94062420045 9E36
Office Sought: House / Senate / X President
State: District: 00
Disbursement/Obligation For: 2004
X Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

SUBTOTAL of Disbursement/Obligation This Page (optional) 15000.00

TOTAL This Period (last page this line number only) .....
(carry total from last page to line 10)

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
Chris Kolinis

Mailing Address of Payee
2110 Paul Edwin Terrace

City: Falls Church | State: VA | Zip Code: 22043-

Name of Employer: Self-employed | Occupation: Consultant

Date of Disbursement or Obligation: 08 / 24 / 2004

Amount: 559.00

Communication Date: 08 / 24 / 2004

Transaction ID : 0824200459E35

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

Name of Federal Candidate: RALPH NADER
P94022420045 9E35
Office Sought: House / Senate / X President
State: District: 00
Disbursement/Obligation For: 2004
X Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate
Office Sought: House / Senate / President
State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

SUBTOTAL of Disbursement/Obligation This Page (optional) 559.00

TOTAL This Period (last page this line number only) 135656.00
(carry total from last page to line 10)

24038503639

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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked Delivery Confirmation ™ Label ☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☑ Other (Specify): E-Mail	Date of Receipt or Postmarked 8/24/04

PREPARER

8/23/04
DATE PREPARED

(5/2004)