

# 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 Disbursement/Obligations

(a) Name

Swift Boat Veterans for Truth

(b) Address (number and street)  check if different than previously reported

P.O. Box 28184

(c) City, State and ZIP Code

Alexandria, VA 22313

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

New

Amended

4. Covering Period

through

0 9 1 7 2 0 0 4

0 9 2 9 2 0 0 4

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

0 9 2 2 2 0 0 4

(b) Communication Title Friends

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 28184

(c) City, State and ZIP Code

Alexandria, VA 22313

(d) Name of Employer or Principal Place of Business

Retired

(e) Occupation

Retired

9. Total Donations This Statement

1 3 4, 1 5 0, 0 0

10. Total Disbursements/Obligations This Statement

1 1 9 3, 7 1 6, 0 0

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Weymouth D. Symmes

SIGNATURE

DATE 11/17/2004

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 8437g

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

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**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name Rear Admiral Roy Huffman, USN (Ret.)	(e) Occupation Retired
	(b) Address (number and street) P.O. Box 26184	
	(c) City, State and ZIP Code Alexandria, VA 22313	
	(d) Name of Employer or Principal Place of Business Retired	
<b>B.</b>	(a) Name John O'Neill	(e) Occupation Attorney
	(b) Address (number and street) P.O. Box 26184	
	(c) City, State and ZIP Code Alexandria, VA 22313	
	(d) Name of Employer or Principal Place of Business Clements O'Neill Pierce	
<b>C.</b>	(a) Name Alvin A. Home	(e) Occupation Attorney
	(b) Address (number and street) P.O. Box 26184	
	(c) City, State and ZIP Code Alexandria, VA 22313	
	(d) Name of Employer or Principal Place of Business Self Employed	
<b>D.</b>	(a) Name Weymouth D. Symmes	(e) Occupation Retired
	(b) Address (number and street) P.O. Box 26184	
	(c) City, State and ZIP Code Alexandria, VA 22313	
	(d) Name of Employer or Principal Place of Business Retired	
<b>E.</b>	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

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

<b>A. Full Name of Donor</b> <b>JARED ABBRUZZESE</b>		<b>Date of Receipt</b> 09 17 2004	
Mailing Address of Donor <b>59 OLD NISKAYUNA RD.</b>		Amount 2,500.00	
City <b>LOUDONVILLE</b>	State <b>NY</b>	Zip <b>12211</b>	
<b>B. Full Name of Donor</b> <b>Walter Allen</b>		<b>Date of Receipt</b> 09 17 2004	
Mailing Address of Donor <b>43 West Broad Oaks Drive</b>		Amount 1,000.00	
City <b>Houston</b>	State <b>TX</b>	Zip <b>77056</b>	
<b>C. Full Name of Donor</b> <b>Wilson P. Andrews</b>		<b>Date of Receipt</b> 09 17 2004	
Mailing Address of Donor <b>9810 St. Julians Lane</b>		Amount 1,000.00	
City <b>Richmond</b>	State <b>VA</b>	Zip <b>23233</b>	
<b>D. Full Name of Donor</b> <b>Nathan Dulaney Bachman</b>		<b>Date of Receipt</b> 09 17 2004	
Mailing Address of Donor <b>9546 Cunningham Road</b>		Amount 1,000.00	
City <b>Cincinnati</b>	State <b>OH</b>	Zip <b>45243</b>	
<b>E. Full Name of Donor</b> <b>John Barber</b>		<b>Date of Receipt</b> 09 18 2004	
Mailing Address of Donor <b>4905 Hackberry Lane</b>		Amount 500.00	
City <b>Parker</b>	State <b>TX</b>	Zip <b>75002</b>	
<b>SUBTOTAL of Donations This Page (optional)</b>		1,500.00	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 9)		1,500.00	

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

<p><b>A. Full Name of Donor</b>                      John Barber</p> <p>Mailing Address of Donor                      4905 Hackberry Lane</p> <p>City State Zip                      Parker TX 75002</p>	<p>Date of Receipt                      08 24 2004</p> <p>Amount                      500.00</p>
<p><b>B. Full Name of Donor</b>                      Ruth Barham</p> <p>Mailing Address of Donor                      1521 Sharon Drive</p> <p>City State Zip                      Duncanville TX 75137</p>	<p>Date of Receipt                      09 11 2004</p> <p>Amount                      1000.00</p>
<p><b>C. Full Name of Donor</b>                      D. Bays</p> <p>Mailing Address of Donor                      1111 Quintana Road</p> <p>City State Zip                      San Antonio TX 78211</p>	<p>Date of Receipt                      09 17 2004</p> <p>Amount                      1000.00</p>
<p><b>D. Full Name of Donor</b>                      William Becker</p> <p>Mailing Address of Donor                      903 Millard Court</p> <p>City State Zip                      Daytona Beach FL 32117</p>	<p>Date of Receipt                      09 17 2004</p> <p>Amount                      1000.00</p>
<p><b>E. Full Name of Donor</b>                      William Becker</p> <p>Mailing Address of Donor                      903 Millard Court</p> <p>City State Zip                      Daytona Beach FL 32117</p>	<p>Date of Receipt                      09 01 2004</p> <p>Amount                      1000.00</p>
<p><b>SUBTOTAL of Donations This Page (column 1) ▶</b></p> <p><b>TOTAL This Period (last page this line number only) ▶</b>                      (carry total from last page to Line 9)</p>	<p>3600.00</p> <p>18600.00</p>

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

<p><b>A. Full Name of Donor</b> William Becker</p> <p><b>Mailing Address of Donor</b> 903 Millard Court</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Daytona Beach              FL                      32117</p>	<p><b>Date of Receipt</b> M    D    Y 09   09   2004</p> <p><b>Amount</b> 1 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> William Becker</p> <p><b>Mailing Address of Donor</b> 903 Millard Court</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Daytona Beach              FL                      32117</p>	<p><b>Date of Receipt</b> M    D    Y 09   19   2004</p> <p><b>Amount</b> 1 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> William H. Becker</p> <p><b>Mailing Address of Donor</b> 903 Millard Court</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Daytona Beach              FL                      32117</p>	<p><b>Date of Receipt</b> M    D    Y 09   21   2004</p> <p><b>Amount</b> 1 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> liz beckman</p> <p><b>Mailing Address of Donor</b> 435 cedar ave so</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> renton                      WA                      98055</p>	<p><b>Date of Receipt</b> M    D    Y 08   24   2004</p> <p><b>Amount</b> 5 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> Liz P. Beckman</p> <p><b>Mailing Address of Donor</b> 435 Cedar Avenue S.</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Renton                      WA                      98055</p>	<p><b>Date of Receipt</b> M    D    Y 08   17   2004</p> <p><b>Amount</b> 1 0 0 0 0 0</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p>	<p>1 8 0 0 0 0</p>
<p><b>TOTAL This Period (last page lists the number only)</b> ▶ (carry total from last page to Line 9)</p>	<p>2 0 4 0 0 0 0</p>

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

<b>A. Full Name of Donor</b> Donald E. Benkert			<b>Date of Receipt</b> 08 17 2004	
Mailing Address of Donor 1234 Blair Avenue			Amount 2 0 0 0 0 0	
City	State	Zip		
South Pasadena	CA	91030		
<b>B. Full Name of Donor</b> C. Richard Bowers			<b>Date of Receipt</b> 08 17 2004	
Mailing Address of Donor 8734 Grey Oaks Avenue			Amount 1 0 0 0 0 0	
City	State	Zip		
Sarasota	FL	34238		
<b>C. Full Name of Donor</b> Robert L. Bradley			<b>Date of Receipt</b> 08 17 2004	
Mailing Address of Donor 600 Travis, Ste 4200			Amount 1 0 0 0 0 0	
City	State	Zip		
Houston	TX	77022		
<b>D. Full Name of Donor</b> Stephen F. Brauer			<b>Date of Receipt</b> 08 17 2004	
Mailing Address of Donor 11250 Hunter Drive			Amount 1 0 0 0 0 0	
City	State	Zip		
Bridgeton	MO	63044		
<b>E. Full Name of Donor</b> R. S. Brooks			<b>Date of Receipt</b> 08 17 2004	
Mailing Address of Donor 5740 s. w. 130th terrace			Amount 5 0 0 0 0 0	
City	State	Zip		
Miami	FL	33156		
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 5 9 0 0 0 0	

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

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<b>A. Full Name of Donor</b> <b>R. S. Brooks</b> Mailing Address of Donor <b>5740 s. w. 130 th Terrace</b> City State Zip <b>Miami FL 33156</b>	Date of Receipt 08 01 2004 Amount 500.00
<b>B. Full Name of Donor</b> <b>Russell T. Bundy</b> Mailing Address of Donor <b>417 East Water Street</b> City State Zip <b>Urbana OH 43078</b>	Date of Receipt 08 17 2004 Amount 2,500.00
<b>C. Full Name of Donor</b> <b>Brett Byers</b> Mailing Address of Donor <b>440 Davis Court, #1802</b> City State Zip <b>San Francisco CA 94111</b>	Date of Receipt 08 17 2004 Amount 1,000.00
<b>D. Full Name of Donor</b> <b>Brett Byers</b> Mailing Address of Donor <b>440 Davis Court, #1802</b> City State Zip <b>San Francisco CA 94111</b>	Date of Receipt 07 29 2004 Amount 2,500.00
<b>E. Full Name of Donor</b> <b>Brett Byers</b> Mailing Address of Donor <b>440 Davis Court, #1802</b> City State Zip <b>San Francisco CA 94111</b>	Date of Receipt 05 06 2004 Amount 1,000.00

<b>SUBTOTAL of Donations This Page (optional)</b>	<b>3,450.00</b>
<b>TOTAL This Period (set page this line number only)</b> (carry total from next page to Line 9)	<b>29,350.00</b>

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

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<b>A. Full Name of Donor</b> <b>Brett Byers</b> <hr/> <b>Mailing Address of Donor</b> <b>440 Davis Court, #1802</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b> <b>San Francisco</b> <b>CA</b> <b>94111</b>	<b>Date of Receipt</b> 0 8 - 2 1 - 2 0 0 4 <hr/> <b>Amount</b> 2 5 0 0 0
<b>B. Full Name of Donor</b> <b>Brett Byers</b> <hr/> <b>Mailing Address of Donor</b> <b>440 Davis Court, #1802</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b> <b>San Francisco</b> <b>CA</b> <b>94111</b>	<b>Date of Receipt</b> 0 8 - 2 6 - 2 0 0 4 <hr/> <b>Amount</b> 2 5 0 0 0
<b>C. Full Name of Donor</b> <b>Brett Byers</b> <hr/> <b>Mailing Address of Donor</b> <b>440 Davis Court, #1802</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b> <b>San Francisco</b> <b>CA</b> <b>94111</b>	<b>Date of Receipt</b> 0 8 - 0 5 - 2 0 0 4 <hr/> <b>Amount</b> 1 0 0 0 0
<b>D. Full Name of Donor</b> <b>david canter</b> <hr/> <b>Mailing Address of Donor</b> <b>4071 Alonzo Av</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b> <b>Encino</b> <b>CA</b> <b>91316</b>	<b>Date of Receipt</b> 0 8 - 2 0 - 2 0 0 4 <hr/> <b>Amount</b> 5 0 0 0 0
<b>E. Full Name of Donor</b> <b>George E. Carr</b> <hr/> <b>Mailing Address of Donor</b> <b>PO Box 908</b> <hr/> <b>City</b> <b>State</b> <b>Zip</b> <b>Lebanon</b> <b>MO</b> <b>65536</b>	<b>Date of Receipt</b> 0 9 - 1 7 - 2 0 0 4 <hr/> <b>Amount</b> 2 5 0 0 0 0
<b>SUBTOTAL of Donations This Page (optional)</b>	3 8 0 0 0 0
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 8)	3 2 9 5 0 0 0



**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A.</b> Full Name of Donor <b>John H. Davis</b></p> <p>Mailing Address of Donor <b>Box 7</b></p> <p>City State Zip <b>Yolo CA 95697</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 1,000.00</p>
<p><b>B.</b> Full Name of Donor <b>Richard De Prospero</b></p> <p>Mailing Address of Donor <b>7366 Big Cypress Dr</b></p> <p>City State Zip <b>Miami Lakes FL 33014</b></p>	<p>Date of Receipt 09 18 2004</p> <p>Amount 500.00</p>
<p><b>C.</b> Full Name of Donor <b>Richard De Prospero</b></p> <p>Mailing Address of Donor <b>7366 Big Cypress Dr</b></p> <p>City State Zip <b>Miami Lakes FL 33014</b></p>	<p>Date of Receipt 08 28 2004</p> <p>Amount 500.00</p>
<p><b>D.</b> Full Name of Donor <b>John R. Deoben</b></p> <p>Mailing Address of Donor <b>5005 Riverway, Ste 150</b></p> <p>City State Zip <b>Houston TX 77056</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 2,000.00</p>
<p><b>E.</b> Full Name of Donor <b>J.W. Diedrich</b></p> <p>Mailing Address of Donor <b>PO Box 7677</b></p> <p>City State Zip <b>Incline Village NV 89452</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 1,000.00</p>

<p><b>SUBTOTAL</b> of Donations This Page (initials) ...</p>	<p>5,000.00</p>
<p><b>TOTAL</b> This Period (last page has line number only) ... (carry total from last page to Line 9)</p>	<p>3,795.00</p>

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

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<b>A. Full Name of Donor</b> <b>Steven Diehl</b> Mailing Address of Donor <b>20311 Parkwood Court</b> City State Zip <b>Hagerstown MD 21742</b>	Date of Receipt M M Y Y 0 9 2 0 2 0 0 4 Amount 1 0 0 0 0
<b>B. Full Name of Donor</b> <b>Julia S. Dockweiler</b> Mailing Address of Donor <b>10590 Wilshire Boulevard #1103</b> City State Zip <b>Los Angeles CA 90024</b>	Date of Receipt M M Y Y 0 9 1 7 2 0 0 4 Amount 1 0 0 0 0 0
<b>C. Full Name of Donor</b> <b>Chris Dodds</b> Mailing Address of Donor <b>31 Whitcomb Drive</b> City State Zip <b>Grosse Pointe Farms MI 48236</b>	Date of Receipt M M Y Y 0 9 1 7 2 0 0 4 Amount 1 0 0 0 0 0
<b>D. Full Name of Donor</b> <b>Chris Dodds</b> Mailing Address of Donor <b>31 Whitcomb Drive</b> City State Zip <b>Grosse Pointe Farms MI 48236</b>	Date of Receipt M M Y Y 0 9 2 0 2 0 0 4 Amount 1 0 0 0 0
<b>E. Full Name of Donor</b> <b>Christine Dodds</b> Mailing Address of Donor <b>31 Whitcomb Drive</b> City State Zip <b>Grosse Pointe Farms MI 48236</b>	Date of Receipt M M Y Y 0 9 0 9 2 0 0 4 Amount 2 5 0 0 0
<b>SUBTOTAL of Donations This Page (optional)</b>	2 4 5 0 0 0
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 5)	4 0 4 0 0 0 0

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

<b>A. Full Name of Donor</b> <b>Greg Dodds</b>			<b>Date of Receipt</b> 0 8 / 1 7 / 2 0 0 4	
Mailing Address of Donor <b>31 Whitcomb Drive</b>			Amount 1 0 0 0 0 0	
City	State	Zip		
Grosse Pointe Farms	MI	48236		
<b>B. Full Name of Donor</b> <b>Greg Dodds</b>			<b>Date of Receipt</b> 0 8 / 2 8 / 2 0 0 4	
Mailing Address of Donor <b>31 Whitcomb Drive</b>			Amount 1 0 0 0 0 0	
City	State	Zip		
Grosse Pointe Farms	MI	48236		
<b>C. Full Name of Donor</b> <b>David Drinan</b>			<b>Date of Receipt</b> 0 8 / 2 1 / 2 0 0 4	
Mailing Address of Donor <b>38 Frew Terrace</b>			Amount 1 0 0 0 0 0	
City	State	Zip		
Enfield	CT	06082		
<b>D. Full Name of Donor</b> <b>Kenneth Duggin</b>			<b>Date of Receipt</b> 0 8 / 1 7 / 2 0 0 4	
Mailing Address of Donor <b>4295 Neltzey Place</b>			Amount 1 0 0 0 0 0	
City	State	Zip		
Alexandria	VA	22309		
<b>E. Full Name of Donor</b> <b>Kenneth D. Duggin</b>			<b>Date of Receipt</b> 0 8 / 3 1 / 2 0 0 4	
Mailing Address of Donor <b>4295 Neltzey Pl.</b>			Amount 5 0 0 0 0 0	
City	State	Zip		
Alexandria	VA	22309		
<b>SUBTOTAL of Donations This Page (optional)</b>			2 7 0 0 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line E)			4 3 1 0 0 0 0	

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

<p><b>A. Full Name of Donor</b>  <b>Don Erftmier</b></p> <p>Mailing Address of Donor  <b>6279 S. 118th Street</b></p> <p>City State Zip  <b>Omaha NE 68137</b></p>	<p>Date of Receipt                  M D Y Y                  0 9 1 7 2 0 0 4</p> <p>Amount                  1 0 0 0 . 0 0</p>
<p><b>B. Full Name of Donor</b>  <b>Mark Fleming</b></p> <p>Mailing Address of Donor  <b>6935 Canada Vista</b></p> <p>City State Zip  <b>San Luis Obispo CA 94301</b></p>	<p>Date of Receipt                  M D Y Y                  0 9 1 7 2 0 0 4</p> <p>Amount                  1 0 0 0 . 0 0</p>
<p><b>C. Full Name of Donor</b>  <b>Paul Fletcher</b></p> <p>Mailing Address of Donor  <b>1548 The Greens Way Ste 4</b></p> <p>City State Zip  <b>Jacksonville FL 32250</b></p>	<p>Date of Receipt                  M D Y Y                  0 9 1 7 2 0 0 4</p> <p>Amount                  1 0 0 0 . 0 0</p>
<p><b>D. Full Name of Donor</b>  <b>Eugene Foster</b></p> <p>Mailing Address of Donor  <b>435 Dockside Drive #401</b></p> <p>City State Zip  <b>Naples FL 34110</b></p>	<p>Date of Receipt                  M D Y Y                  0 9 1 8 2 0 0 4</p> <p>Amount                  1 0 0 0 . 0 0</p>
<p><b>E. Full Name of Donor</b>  <b>Michael Futrell</b></p> <p>Mailing Address of Donor  <b>10875 Belle Cour Way</b></p> <p>City State Zip  <b>Shreveport LA 71106</b></p>	<p>Date of Receipt                  M D Y Y                  0 9 1 7 2 0 0 4</p> <p>Amount                  1 0 0 0 . 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>5 0 0 0 . 0 0</p>
<p>TOTAL This Period (last page this line number only) .....</p> <p>(carry total from last page to line 8)</p>	<p>4 8 1 0 0 0 0</p>

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

<p><b>A. Full Name of Donor</b>  <b>James Ganson</b></p> <p>Mailing Address of Donor  <b>6055 Meridian Avenue, Ste 50</b></p> <p>City State Zip  <b>San Jose CA 95120</b></p>	<p>Date of Receipt                  M D Y Y Y Y                  0 8 1 7 2 0 0 4</p> <p>Amount                  2 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b>  <b>Nancy Givens</b></p> <p>Mailing Address of Donor  <b>10909 Girard Curve</b></p> <p>City State Zip  <b>Bloomington MN 55431</b></p>	<p>Date of Receipt                  M D Y Y Y Y                  0 8 1 7 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b>  <b>James Gorman</b></p> <p>Mailing Address of Donor  <b>16611 S. Patricia</b></p> <p>City State Zip  <b>Tinley Park IL 60477</b></p>	<p>Date of Receipt                  M D Y Y Y Y                  0 8 1 7 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b>  <b>Barbara Gojne</b></p> <p>Mailing Address of Donor  <b>116 Brook Valley Road</b></p> <p>City State Zip  <b>Wilmington DE 19807</b></p>	<p>Date of Receipt                  M D Y Y Y Y                  0 8 1 7 2 0 0 4</p> <p>Amount                  2 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b>  <b>Rose Helfrick</b></p> <p>Mailing Address of Donor  <b>RR 1 Box 139</b></p> <p>City State Zip  <b>Elysburg PA 17824</b></p>	<p>Date of Receipt                  M D Y Y Y Y                  0 8 1 7 2 0 0 4</p> <p>Amount                  1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>7 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) .....                  (carry total from last page to Line B)</p>	<p>5 5 1 0 0 0 0</p>

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

<p><b>A.</b> Full Name of Donor <b>dennis hennessy</b></p> <p>Mailing Address of Donor <b>9229 foster</b></p> <p>City State Zip <b>overland park KS 66212</b></p>	<p>Date of Receipt 0 0 2 0 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p><b>B.</b> Full Name of Donor <b>Dennis Hennessy</b></p> <p>Mailing Address of Donor <b>9229 Foster</b></p> <p>City State Zip <b>Overland Park KS 66212</b></p>	<p>Date of Receipt 0 0 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p><b>C.</b> Full Name of Donor <b>dennis hennessy</b></p> <p>Mailing Address of Donor <b>9229 foster</b></p> <p>City State Zip <b>overland park KS 66212</b></p>	<p>Date of Receipt 0 0 0 1 2 0 0 4</p> <p>Amount 2 5 0 0 0</p>
<p><b>D.</b> Full Name of Donor <b>dennis hennessy</b></p> <p>Mailing Address of Donor <b>9229 foster</b></p> <p>City State Zip <b>overland park KS 66212</b></p>	<p>Date of Receipt 0 0 0 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p><b>E.</b> Full Name of Donor <b>David L. Kaplan Herro</b></p> <p>Mailing Address of Donor <b>65 E. Goethe Street 3W</b></p> <p>City State Zip <b>Chicago IL 60610</b></p>	<p>Date of Receipt 0 0 1 7 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p><b>SUBTOTAL</b> of Donations This Page (options) ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ▶ (carry over from last page to Line 8)</p>	<p>3 6 0 0 0 0</p> <p>5 8 7 0 0 0</p>

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

<p><b>A. Full Name of Donor</b> <b>john huarte</b></p> <p>Mailing Address of Donor <b>14959 la cumbre dr.</b></p> <p>City State Zip <b>pacific palisades CA 90272</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 1,000.00</p>
<p><b>B. Full Name of Donor</b> <b>Paul Isaac</b></p> <p>Mailing Address of Donor <b>75 Prospect Avenue</b></p> <p>City State Zip <b>Larchmont NY 10538</b></p>	<p>Date of Receipt 09 18 2004</p> <p>Amount 1,000.00</p>
<p><b>C. Full Name of Donor</b> <b>Will Jarrett</b></p> <p>Mailing Address of Donor <b>17190 Club Hill Drive</b></p> <p>City State Zip <b>Dallas TX 75248</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 2,000.00</p>
<p><b>D. Full Name of Donor</b> <b>David L. Kaplan Kaplan</b></p> <p>Mailing Address of Donor <b>5650 Abbey Drive #4B</b></p> <p>City State Zip <b>Lisle IL 60532</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 1,500.00</p>
<p><b>E. Full Name of Donor</b> <b>Harvey Karp</b></p> <p>Mailing Address of Donor <b>10 West End Road(P.O.Box 30)</b></p> <p>City State Zip <b>East Hampton NY 11937</b></p>	<p>Date of Receipt 09 21 2004</p> <p>Amount 1,000.00</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ▶</p>	<p>6,500.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) ▶ (carry total from last page to Line B)</p>	<p>6,520.00</p>

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

<p><b>A.</b> Full Name of Donor <b>A.P. Kirby, Jr.</b></p> <p>Mailing Address of Donor <b>PO Box 908</b></p> <p>City State Zip <b>Mendham NJ 07945</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 1,000.00</p>
<p><b>B.</b> Full Name of Donor <b>Peter Kovacs</b></p> <p>Mailing Address of Donor <b>930 Tahoe Boulevard #802</b></p> <p>City State Zip <b>Incline Village NV 89451</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 1,000.00</p>
<p><b>C.</b> Full Name of Donor <b>Robert M. Kurtz, Jr.</b></p> <p>Mailing Address of Donor <b>214 Charles Road</b></p> <p>City State Zip <b>Clearfield PA 16830</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 1,000.00</p>
<p><b>D.</b> Full Name of Donor <b>Harry Langer</b></p> <p>Mailing Address of Donor <b>2350 Dorina</b></p> <p>City State Zip <b>Northfield IL 60093</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 1,000.00</p>
<p><b>E.</b> Full Name of Donor <b>Ronald Lefcourt</b></p> <p>Mailing Address of Donor <b>1530 Palisade Avenue</b></p> <p>City State Zip <b>Fort Lee NJ 07024</b></p>	<p>Date of Receipt 09 17 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 9)</p>	<p>1,400.00</p> <p>7,920.00</p>



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

<p><b>A. Full Name of Donor</b>  <b>Seymour N. Lotsoff</b></p> <p>Mailing Address of Donor  <b>439 E. North Water Street</b></p> <p>City State Zip  <b>Chicago IL 60611</b></p>	<p>Date of Receipt                  09 17 2004</p> <p>Amount                  2,000.00</p>
<p><b>B. Full Name of Donor</b>  <b>J. Allen Martin</b></p> <p>Mailing Address of Donor  <b>10095 Lawyers Rd.</b></p> <p>City State Zip  <b>Vienna VA 22181</b></p>	<p>Date of Receipt                  09 21 2004</p> <p>Amount                  2,500.00</p>
<p><b>C. Full Name of Donor</b>  <b>John Martin</b></p> <p>Mailing Address of Donor  <b>PO Box 50190</b></p> <p>City State Zip  <b>Casper WY 82605</b></p>	<p>Date of Receipt                  09 17 2004</p> <p>Amount                  1,000.00</p>
<p><b>D. Full Name of Donor</b>  <b>Dan Mendell</b></p> <p>Mailing Address of Donor  <b>3826 Ella Lee Lane</b></p> <p>City State Zip  <b>Houston TX 77027</b></p>	<p>Date of Receipt                  09 17 2004</p> <p>Amount                  2,000.00</p>
<p><b>E. Full Name of Donor</b>  <b>Jeremiah Milbank, III</b></p> <p>Mailing Address of Donor  <b>53 East 66th Street</b></p> <p>City State Zip  <b>New York NY 10021</b></p>	<p>Date of Receipt                  08 17 2004</p> <p>Amount                  5,000.00</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p> <p><b>TOTAL This Period (last page this line number only)</b> ▶                  (carry total from last page to Line #)</p>	<p>1,925.00</p> <p>9,845.00</p>

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

<b>A. Full Name of Donor</b> <b>Birch M. Mullins</b>			<b>Date of Receipt</b> M M . . . . . Y Y Y Y 0 9 . . . . . 1 7 . . . . . 2 0 0 4	
<b>Mailing Address of Donor</b> <b>201 S Warson Road</b>			<b>Amount</b> 1 0 0 0 0 0	
<b>City</b> <b>St. Louis</b>	<b>State</b> <b>MO</b>	<b>Zip</b> <b>63124</b>		
<b>B. Full Name of Donor</b> <b>Mark Pasquerilla</b>			<b>Date of Receipt</b> M M . . . . . Y Y Y Y 0 9 . . . . . 1 7 . . . . . 2 0 0 4	
<b>Mailing Address of Donor</b> <b>c/o Crown American; 1 Pasquerilla Plaza</b>			<b>Amount</b> 2 5 0 0 0 0	
<b>City</b> <b>Johnstown</b>	<b>State</b> <b>PA</b>	<b>Zip</b> <b>15901</b>		
<b>C. Full Name of Donor</b> <b>James A. Patterson</b>			<b>Date of Receipt</b> M M . . . . . Y Y Y Y 0 9 . . . . . 1 7 . . . . . 2 0 0 4	
<b>Mailing Address of Donor</b> <b>10000 Shelbyville Road</b>			<b>Amount</b> 5 0 0 0 0 0	
<b>City</b> <b>Louisville</b>	<b>State</b> <b>KY</b>	<b>Zip</b> <b>40223</b>		
<b>D. Full Name of Donor</b> <b>Bill Pearson</b>			<b>Date of Receipt</b> M M . . . . . Y Y Y Y 0 9 . . . . . 1 7 . . . . . 2 0 0 4	
<b>Mailing Address of Donor</b> <b>1938 Catherine Court</b>			<b>Amount</b> 1 0 0 0 0 0	
<b>City</b> <b>Gardnerville</b>	<b>State</b> <b>NV</b>	<b>Zip</b> <b>89410</b>		
<b>E. Full Name of Donor</b> <b>Brian Pilcher</b>			<b>Date of Receipt</b> M M . . . . . Y Y Y Y 0 9 . . . . . 2 0 . . . . . 2 0 0 4	
<b>Mailing Address of Donor</b> <b>PO Box 399</b>			<b>Amount</b> 1 0 0 0 0 0	
<b>City</b> <b>Ross</b>	<b>State</b> <b>CA</b>	<b>Zip</b> <b>94957</b>		
<b>SUBTOTAL of Donations This Page (optional)</b>			8 2 5 0 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to line 9)			1 0 6 7 0 0 0 0	

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

<p><b>A.</b> Full Name of Donor <b>abe podolsky</b></p> <p>Mailing Address of Donor <b>4815 avenue n</b></p> <p>City State Zip <b>brooklyn NY 11234</b></p>	<p>Date of Receipt 09 20 2004</p> <p>Amount 25000</p>
<p><b>B.</b> Full Name of Donor <b>ABE PODOLSKY</b></p> <p>Mailing Address of Donor <b>4815 AVENUE N</b></p> <p>City State Zip <b>BROOKLYN NY 11234</b></p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 25000</p>
<p><b>C.</b> Full Name of Donor <b>abe podolsky</b></p> <p>Mailing Address of Donor <b>4815 avenue n</b></p> <p>City State Zip <b>brooklyn NY 11234</b></p>	<p>Date of Receipt 09 04 2004</p> <p>Amount 25000</p>
<p><b>D.</b> Full Name of Donor <b>abe podolsky</b></p> <p>Mailing Address of Donor <b>4815 avenue N</b></p> <p>City State Zip <b>brooklyn NY 11234</b></p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 25000</p>
<p><b>E.</b> Full Name of Donor <b>Jerry E. Polis</b></p> <p>Mailing Address of Donor <b>980 American Pacific Drive, Ste 111</b></p> <p>City State Zip <b>Henderson NV 89014</b></p>	<p>Date of Receipt 08 17 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry over from last page to Line #)</p>	<p>200000</p> <p>10870000</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A.</b> Full Name of Donor <b>Richard M. Pomboy</b></p> <p>Mailing Address of Donor <b>781 Potato Patch Drive, Vail, CO 81657</b></p> <p>City State Zip <b>Vail CO 81657</b></p>	<p>Date of Receipt 08 17 2004</p> <p>Amount 1 000 00</p>
<p><b>B.</b> Full Name of Donor <b>Patrick Reed</b></p> <p>Mailing Address of Donor <b>7511 Capital Dr</b></p> <p>City State Zip <b>Germantown TN 38138</b></p>	<p>Date of Receipt 09 21 2004</p> <p>Amount 1 000 00</p>
<p><b>C.</b> Full Name of Donor <b>Patrick Reed</b></p> <p>Mailing Address of Donor <b>7511 Capital Drive</b></p> <p>City State Zip <b>Germantown TN 38138</b></p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 500 00</p>
<p><b>D.</b> Full Name of Donor <b>Richard G. Reed</b></p> <p>Mailing Address of Donor <b>2016 Fort Drive</b></p> <p>City State Zip <b>Alexandria VA 22307</b></p>	<p>Date of Receipt 08 17 2004</p> <p>Amount 1 000 00</p>
<p><b>E.</b> Full Name of Donor <b>PAUL RIEHL</b></p> <p>Mailing Address of Donor <b>765 EMERALD STREET</b></p> <p>City State Zip <b>NEW ORLEANS LA 70124</b></p>	<p>Date of Receipt 09 21 2004</p> <p>Amount 500 00</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶ 4 000 00</p>	
<p><b>TOTAL</b> This Period (last page this fee renumber only) ..... ▶ 11 270 00 (carry total from last page to Line 9)</p>	

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

<p><b>A. Full Name of Donor</b> <b>PAUL RIEHL</b></p> <p>Mailing Address of Donor <b>765 EMERALD STREET</b></p> <p>City State Zip <b>NEW ORLEANS LA 70124</b></p>	<p>Date of Receipt 08 16 2004</p> <p>Amount 500.00</p>
<p><b>B. Full Name of Donor</b> <b>Lawrence S. Rybka</b></p> <p>Mailing Address of Donor <b>130 Springside Drive #300</b></p> <p>City State Zip <b>Akron OH 44333</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 1000.00</p>
<p><b>C. Full Name of Donor</b> <b>Paul Schulstad</b></p> <p>Mailing Address of Donor <b>20 Eckert Farm Road</b></p> <p>City State Zip <b>Saddle River NJ 07458</b></p>	<p>Date of Receipt 08 17 2004</p> <p>Amount 250.00</p>
<p><b>D. Full Name of Donor</b> <b>Thomas E. Severson</b></p> <p>Mailing Address of Donor <b>901 E Walnut Street</b></p> <p>City State Zip <b>Pen Argyl PA 18072</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 1000.00</p>
<p><b>E. Full Name of Donor</b> <b>Don L. Siratt</b></p> <p>Mailing Address of Donor <b>6000 Western Place, Ste 465</b></p> <p>City State Zip <b>Fort Worth TX 76107</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 1000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>3750.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (copy total from last page to Line 9)</p>	<p>118450.00</p>

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

<b>A. Full Name of Donor</b> <b>Jeff Story</b>			<b>Date of Receipt</b> 0 6 / 1 7 / 2 0 0 4	
Mailing Address of Donor <b>PO Box 1586</b>			Amount 1 0 0 0 . 0 0	
City	State	Zip		
<b>Upland</b>	<b>CA</b>	<b>91785</b>		
<b>B. Full Name of Donor</b> <b>Thomas B. Stout</b>			<b>Date of Receipt</b> 0 9 / 1 7 / 2 0 0 4	
Mailing Address of Donor <b>675 Longboat Club Road #26A</b>			Amount 1 5 0 0 . 0 0	
City	State	Zip		
<b>Longboat Key</b>	<b>FL</b>	<b>34228</b>		
<b>C. Full Name of Donor</b> <b>Harley Sullivan</b>			<b>Date of Receipt</b> 0 9 / 1 6 / 2 0 0 4	
Mailing Address of Donor <b>15426 Ranch Rd 965</b>			Amount 5 0 0 . 0 0	
City	State	Zip		
<b>Fredericksburg</b>	<b>TX</b>	<b>78624</b>		
<b>D. Full Name of Donor</b> <b>Harley Sullivan</b>			<b>Date of Receipt</b> 0 9 / 0 9 / 2 0 0 4	
Mailing Address of Donor <b>15426 Ranch Road 965</b>			Amount 5 0 0 . 0 0	
City	State	Zip		
<b>Fredericksburg</b>	<b>TX</b>	<b>78624</b>		
<b>E. Full Name of Donor</b> <b>Douglas Swenson</b>			<b>Date of Receipt</b> 0 9 / 2 1 / 2 0 0 4	
Mailing Address of Donor <b>341 W Ashbourne Dr.</b>			Amount 5 0 0 . 0 0	
City	State	Zip		
<b>Eagle</b>	<b>ID</b>	<b>83616</b>		
SUBTOTAL of Donations This Page (optional) .....			4 0 0 0 . 0 0	
TOTAL This Period (see page 55a line number only) ..... (carry total from last page to line 9)			1 2 0 4 5 0 . 0 0	

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

<p><b>A. Full Name of Donor</b> <b>Lucy Therkildsen</b></p> <p>Mailing Address of Donor <b>1845 North Braymore Drive</b></p> <p>City State Zip <b>Barrington IL 60010</b></p>	<p>Date of Receipt M M Y Y 0 9 2 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> <b>Jimmy Thomas</b></p> <p>Mailing Address of Donor <b>1744 Kirk Corners</b></p> <p>City State Zip <b>Harwood TX 78632</b></p>	<p>Date of Receipt M M Y Y 0 9 1 7 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> <b>Bart Tiernan</b></p> <p>Mailing Address of Donor <b>1276 Ridge Road</b></p> <p>City State Zip <b>Syosset NY 11791</b></p>	<p>Date of Receipt M M Y Y 0 9 1 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> <b>Robert D. Voit</b></p> <p>Mailing Address of Donor <b>26 Corporate Plaza, Ste 260</b></p> <p>City State Zip <b>Newport Beach CA 92660</b></p>	<p>Date of Receipt M M Y Y 0 9 1 7 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> <b>Willard S. Voit</b></p> <p>Mailing Address of Donor <b>PO Box 600</b></p> <p>City State Zip <b>Newport Beach CA 92661</b></p>	<p>Date of Receipt M M Y Y 0 9 1 7 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p>	<p>6 5 0 0 0 0</p>
<p><b>TOTAL This Period (last page this line number only)</b> ▶ (carry total from last page to Line 9)</p>	<p>1 2 5 9 5 0 0 0</p>

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

<p><b>A. Full Name of Donor</b> <b>Barbara Wainscott</b></p> <p>Mailing Address of Donor <b>480 Park Avenue</b></p> <p>City State Zip <b>New York NY 10022</b></p>	<p>Date of Receipt 08 17 2004</p> <p>Amount 2,500.00</p>
<p><b>B. Full Name of Donor</b> <b>Bill Warring</b></p> <p>Mailing Address of Donor <b>7302 NW 18th Avenue</b></p> <p>City State Zip <b>Gainesville FL 32605</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 1,000.00</p>
<p><b>C. Full Name of Donor</b> <b>John Williams</b></p> <p>Mailing Address of Donor <b>3232 Cobb Parkway, #311</b></p> <p>City State Zip <b>Atlanta GA 30339</b></p>	<p>Date of Receipt 09 20 2004</p> <p>Amount 2,500.00</p>
<p><b>D. Full Name of Donor</b> <b>ernest williams III</b></p> <p>Mailing Address of Donor <b>5331 stanford dr</b></p> <p>City State Zip <b>Nashville TN 37215</b></p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 2,500.00</p>
<p><b>E. Full Name of Donor</b> <b>ernest williams III</b></p> <p>Mailing Address of Donor <b>5331 stanford dr</b></p> <p>City State Zip <b>Nashville TN 37215</b></p>	<p>Date of Receipt 09 21 2004</p> <p>Amount 1,000.00</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶ 8,350.00</p> <p><b>TOTAL This Period (last page this line number only)</b> ▶ 13,330.00 (carry total from last page to Line 9)</p>	



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

<p><b>A.</b> Full Name of Donor <b>ernest williams III</b></p> <p>Mailing Address of Donor <b>5331 stanford dr</b></p> <p>City State Zip <b>nashville TN 37215</b></p>	<p>Date of Receipt 08 27 2004</p> <p>Amount 1 0 0 0 0</p>
<p><b>B.</b> Full Name of Donor <b>ernest williams III</b></p> <p>Mailing Address of Donor <b>5331 stanford dr</b></p> <p>City State Zip <b>Nashville TN 37215</b></p>	<p>Date of Receipt 09 08 2004</p> <p>Amount 2 5 0 0 0</p>
<p><b>C.</b> Full Name of Donor <b>ernest williams III</b></p> <p>Mailing Address of Donor <b>5331 stanford dr</b></p> <p>City State Zip <b>Nashville TN 37215</b></p>	<p>Date of Receipt 09 13 2004</p> <p>Amount 5 0 0 0 0</p>
<p><b>D.</b> Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p><b>E.</b> Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>8 5 0 0 0</p>
<p>TOTAL This Period (add page this line number only) ..... (carry total from last page to Line B)</p>	<p>1 3 4 1 5 0 0 0</p>

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Chris LaCivita Consulting			<b>Date of Disbursement or Obligation</b> 0 8 / 3 1 / 2 0 0 4	
<b>Mailing Address of Payee</b> 13604 Timberlake Court			<b>Amount</b> 3,333.00	
<b>City</b> Midlothian	<b>State</b> VA	<b>Zip Code</b> 23311	<b>Communication Date</b> 0 5 / 2 2 / 2 0 0 4	
<b>Name of Employer</b> _____			<b>Occupation</b> _____	

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

**Media Copywriting & Production**

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

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KLAS-TV			<b>Date of Disbursement or Obligation</b> 0 9 / 2 0 / 2 0 0 4	
<b>Mailing Address of Payee</b> 3228 Channel 8 Drive			<b>Amount</b> 4,098.25	
<b>City</b> Las Vegas	<b>State</b> NV	<b>Zip Code</b> 89109	<b>Communication Date</b> 0 5 / 2 2 / 2 0 0 4	
<b>Name of Employer</b> _____			<b>Occupation</b> _____	

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

**Media Buy**

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

<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>	4 3 7 2 9 2 5
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)	4 3 7 2 9 2 5

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> KTNV-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 3355 South Valley View Blvd				Amount 1 8, 1 0 5 0 0	
City Las Vegas	State NV	Zip Code 89102		Communication Date 0 9 / 2 2 / 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:	House Senate 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 Senate President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KVBC-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 1500 Foremaster Lane				Amount 5 6, 9 5 0 0 0	
City Las Vegas	State NV	Zip Code 89101		Communication Date 0 9 / 2 2 / 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:	House Senate 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 Senate President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				7 5 0 5 5 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				1 1 8 7 8 4 2 5	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> KVVU-TV				<b>Date of Disbursement or Obligation</b> 0 9 / 2 0 / 2 0 0 4	
<b>Mailing Address of Payee</b> 25 TV 5 Drive				<b>Amount</b> 9,838.75	
<b>City</b> Henderson	<b>State</b> NV	<b>Zip Code</b> 89104			
<b>Name of Employer</b> _____			<b>Occupation</b> _____		
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media Buy					
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KOLO-TV				<b>Date of Disbursement or Obligation</b> 0 9 / 2 0 / 2 0 0 4	
<b>Mailing Address of Payee</b> 4850 Ampere Drive				<b>Amount</b> 24,892.50	
<b>City</b> Reno	<b>State</b> NV	<b>Zip Code</b> 89502			
<b>Name of Employer</b> _____			<b>Occupation</b> _____		
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media Buy					
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>SUBTOTAL of Disbursements/Obligations This Page (Include)</b>				34,531.25	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to line 30)				153,315.50	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> KRNV-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 1790 Vassar Street				Amount 1 4, 5 1 3, 7 5	
City Reno	State NV	Zip Code 89510		Communication Date 0 9 / 2 2 / 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KRXI-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 4920 Brookside Court				Amount 2, 8 0 5, 0 0	
City Reno	State NV	Zip Code 89502		Communication Date 0 9 / 2 2 / 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				1 7 3 1 8, 7 5	
<b>TOTAL This Period (last page this line number only)</b> (copy total from last page to Line 10)				1 7 0 6 3 4, 2 5	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> KTVN-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4					
Mailing Address of Payee 4925 Energy Way				Amount 1 2 5 1 6 2 5					
City Reno		State NY		Zip Code 89502		Communication Date 0 9 / 2 2 / 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 State _____ Senate 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 State _____ Senate District: _____ President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >			
Name of Federal Candidate		Office Sought:		House State _____ Senate District: _____ President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >			
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KOAT-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4					
Mailing Address of Payee 3801 Carlisle NE				Amount 2 9 6 6 5 0 0					
City Albuquerque		State NM		Zip Code 87125		Communication Date 0 9 / 2 2 / 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 State _____ Senate 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 State _____ Senate District: _____ President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >			
Name of Federal Candidate		Office Sought:		House State _____ Senate District: _____ President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >			
SUBTOTAL of Disbursements/Obligations This Page (optional) .....						4 2 1 8 1 2 5			
TOTAL This Period (last page this line number only) ..... (carry total from last page to Line 10)						2 1 2 8 1 5 5 0			

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> KOB-TV				Date of Disbursement or Obligation 0 9 2 0 2 0 0 4			
Mailing Address of Payee 4 Broadcast Plaza SW				Amount 2 3, 2 9 0, 0 0			
City Albuquerque	State NM	Zip Code 87103		Communication Date 0 9 2 2 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>B. Full Name (Last, First, Middle Initial) of Payee</b> KRQE-TV				Date of Disbursement or Obligation 0 9 2 0 2 0 0 4			
Mailing Address of Payee 13 Broadcast Plaza SW				Amount 3 3, 2 7 7, 5 0			
City Albuquerque	State NM	Zip Code 87103		Communication Date 0 9 2 2 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>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				5 6 5 6 7 5 0			
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				2 6 9 3 8 3 0 0			

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> KASA-TV				Date of Disbursement or Obligation 0 9 2 0 2 0 0 4	
Mailing Address of Payee 1377 University Blvd NE				Amount 6,672.50	
City	State	Zip Code		Communication Date 0 9 2 2 2 0 0 4	
Albuquerque	NM	87103			
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
John F. Kerry	<input type="checkbox"/>	Senate	District	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		<input checked="" type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶	
		Name of Federal Candidate      Office Sought:      House      State:      Disbursement/Obligation For:			
Name of Federal Candidate      Office Sought:      Senate      District:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      President      District:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      House      State:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      Senate      District:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      President      District:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      House      State:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      Senate      District:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      President      District:      Disbursement/Obligation For:					
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KDKA-TV				Date of Disbursement or Obligation 0 9 2 0 2 0 0 4	
Mailing Address of Payee One Gateway Center				Amount 4,794.00	
City	State	Zip Code		Communication Date 0 9 2 2 2 0 0 4	
Pittsburgh	PA	15222			
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
John F. Kerry	<input type="checkbox"/>	Senate	District	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		<input checked="" type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶	
		Name of Federal Candidate      Office Sought:      House      State:      Disbursement/Obligation For:			
Name of Federal Candidate      Office Sought:      Senate      District:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      President      District:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      House      State:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      Senate      District:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      President      District:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      House      State:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      Senate      District:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      President      District:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      House      State:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      Senate      District:      Disbursement/Obligation For:					
Name of Federal Candidate      Office Sought:      President      District:      Disbursement/Obligation For:					
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				5,461.250	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				3,239.950	



**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WPGH-TV				Date of Disbursement or Obligation 0 9 2 0 2 0 0 4	
Mailing Address of Payee 750 Ivory Avenue				Amount 4,207.50	
City Pittsburgh		State PA	Zip Code 15214		Communication Date 0 9 2 2 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>B. Full Name (Last, First, Middle Initial) of Payee</b> WPXI-TV				Date of Disbursement or Obligation 0 9 2 0 2 0 0 4	
Mailing Address of Payee 11 Television Hill				Amount 2,183.25	
City Pittsburgh		State PA	Zip Code 15214		Communication Date 0 9 2 2 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>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				2,584.00	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to line 10)				3,498.35	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WTAE-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4			
Mailing Address of Payee 400 Ardmore Blvd.				Amount 7,246.25			
City Pittsburgh		State PA		Zip Code 15221			
Name of Employer		Occupation		Communication Date 0 9 / 2 2 / 2 0 0 4			
Purpose of Disbursement (including use(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		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>B. Full Name (Last, First, Middle Initial) of Payee</b> WGAL-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4			
Mailing Address of Payee 1300 Columbia Avenue				Amount 2,499.00			
City Lancaster		State PA		Zip Code 17603			
Name of Employer		Occupation		Communication Date 0 9 / 2 2 / 2 0 0 4			
Purpose of Disbursement (including use(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		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>SUBTOTAL of Disbursements/Obligations This Page (applies) ▶</b>				3,223.625			
<b>TOTAL This Period (last page this line number only) ▶</b> (carry total from last page to Line 10)				3,820.7175			

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WHP-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4			
Mailing Address of Payee 300 North Sixth Street				Amount 3 1,3 2,2 5 0			
City Harrisburg		State PA		Zip Code 17110			
Name of Employer _____				Occupation _____			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶							
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶							
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶							
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WHTM-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4			
Mailing Address of Payee 3235 Hofman Street				Amount 3 1,3 6 5 0 0			
City Harrisburg		State PA		Zip Code 17110			
Name of Employer _____				Occupation _____			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶							
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶							
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶							
<b>SUBTOTAL of Disbursemental Obligations This Page (optional)</b> ..... ▶				6 2,6 8 7 5 0			
<b>TOTAL This Period (last page has the number only)</b> ..... ▶ (carry total from last page to Line 10)				4 4 4,7 5 9 2 5			

**SCHEDULE B-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WPMT-TV			Date of Disbursement or Obligation 0 9 2 0 2 0 0 4	
Mailing Address of Payee 2005 South Queen Street			Amount 1 3, 1 9 6, 2 5	
City York	State PA	Zip Code 17403	Communication Date 0 9 2 2 2 0 0 4	
Name of Employer Occupation				

Purpose of Disbursement (including title(s) of communication(s))  
**Media Buy**

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

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

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

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WBRE-TV			Date of Disbursement or Obligation 0 9 2 0 2 0 0 4	
Mailing Address of Payee 62 South Franklin Street			Amount 1 8, 4 8 7, 5 0	
City Wilkes Barre	State PA	Zip Code 18701	Communication Date 0 9 2 2 2 0 0 4	
Name of Employer Occupation				

Purpose of Disbursement (including title(s) of communication(s))  
**Media Buy**

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

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

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

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) .....	3 1 6 8 3 7 5
<b>TOTAL</b> This Period (last page this line number only) .....	4 7 6 4 4 3 0 0
(carry total from last page to line 19)	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WNEP-TV</b>				<b>Date of Disbursement or Obligation</b> 0 9 / 2 0 / 2 0 0 4					
<b>Mailing Address of Payee</b> 16 Montage Mountain Rd				<b>Amount</b> \$ 5,317.50					
<b>City</b> Mossic		<b>State</b> PA		<b>Zip Code</b> 18507		<b>Communication Date</b> 0 9 / 2 2 / 2 0 0 4			
<b>Name of Employer</b>		<b>Occupation</b>							
<b>Purpose of Disbursement (including title(s) of contribution(s))</b> Media Buy									
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b>			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b>			
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WOLF-TV</b>				<b>Date of Disbursement or Obligation</b> 0 9 / 2 0 / 2 0 0 4					
<b>Mailing Address of Payee</b> 1181 Highway 315				<b>Amount</b> \$ 350.00					
<b>City</b> Plains		<b>State</b> PA		<b>Zip Code</b> 18702		<b>Communication Date</b> 0 9 / 2 2 / 2 0 0 4			
<b>Name of Employer</b>		<b>Occupation</b>							
<b>Purpose of Disbursement (including title(s) of contribution(s))</b> Media Buy									
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b>			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b>			
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				3,625.250					
<b>TOTAL This Period (last page: this line number only)</b> (carry total from last page to Line 19)				5,426.9550					

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WYOU-TV				<b>Date of Disbursement or Obligation:</b> 0 9 / 2 0 / 2 0 0 4	
<b>Mailing Address of Payee</b> 409 Lackawanna Avenue				<b>Amount</b> 1 5 9 3 7 5 0	
<b>City</b> Scranton		<b>State</b> PA	<b>Zip Code</b> 18503		<b>Communication Date</b> 0 9 / 2 2 / 2 0 0 4
<b>Name of Employer</b> _____				<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title) of communication(s):</b> Media Buy					
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WATM-TV				<b>Date of Disbursement or Obligation:</b> 0 9 / 2 0 / 2 0 0 4	
<b>Mailing Address of Payee</b> 1450 Scalp Avenue				<b>Amount</b> 1 2 0 7 0 0	
<b>City</b> Johnstown		<b>State</b> PA	<b>Zip Code</b> 15904		<b>Communication Date</b> 0 9 / 2 2 / 2 0 0 4
<b>Name of Employer</b> _____				<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title) of communication(s):</b> Media Buy					
<b>Name of Federal Candidate</b> John F. Keny		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				1 7 1 4 4 5 0	
<b>TOTAL This Period (see page this line number only)</b> (carry total from last page to Line 10)				5 2 9 8 4 0 0 0	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WJAC-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 49 Old Hickory Lane				Amount 6,855.25	
City Johnstown	State PA	Zip Code 15905		Communication Date 0 9 / 2 2 / 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) <b>Media Buy</b>					
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>B. Full Name (Last, First Middle Initial) of Payee</b> WTAJ-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 5000 6th Avenue				Amount 12,244.25	
City Allona	State PA	Zip Code 16602		Communication Date 0 9 / 2 2 / 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) <b>Media Buy</b>					
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>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				19,099.50	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				54,893.50	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WWCP-TV				<b>Date of Disbursement or Obligation</b> 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 1450 Scalp Avenue				<b>Amount</b> 1,9 2 1,0 0	
City Johnstown	State PA	Zip Code 15904			
Name of Employer Occupation			<b>Communication Date</b> 0 9 / 2 2 / 2 0 0 4		
<b>Purpose of Disbursement (including title(s) of communication(s))</b> 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:	<b>Disbursement/Obligation For:</b> <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:	<b>Disbursement/Obligation For:</b> <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:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WFXP-TV				<b>Date of Disbursement or Obligation</b> 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 8455 Peach Street				<b>Amount</b> 2,2 7 3,7 5	
City Erie	State PA	Zip Code 16509			
Name of Employer Occupation			<b>Communication Date</b> 0 9 / 2 2 / 2 0 0 4		
<b>Purpose of Disbursement (including title(s) of communication(s))</b> 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:	<b>Disbursement/Obligation For:</b> <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:	<b>Disbursement/Obligation For:</b> <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:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				4 1 9 4 7 5	
<b>TOTAL This Page (last page this line number only)</b> (carry total from last page to Line 10)				5 5 3 1 3 4 2 5	



**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WICU-TV			Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 3514 State Street			Annual 1 0 5 1 4 5 0	
City Erie	State PA	Zip Code 16508	Communication Date 0 9 / 2 2 / 2 0 0 4	
Name of Employer Occupation				

Purpose(s) 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 Senate 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 Senate 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

Mailing Address of Payee 8455 Peach Street			Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
City Erie	State PA	Zip Code 16509	Annual 1 1 5 7 0 2 5	
Name of Employer Occupation			Communication Date 0 9 / 2 2 / 2 0 0 4	

Purpose(s) 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 Senate 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 Senate President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) .....	2 2 3 8 4 7 5
<b>TOTAL</b> This Form (last page this line number only) .....	5 7 5 5 1 9 0 0
(carry total from last page to Line 10)	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WSEE-TV</b>				<b>Date of Disbursement or Obligation</b> 0 9 / 2 0 / 2 0 0 4					
<b>Mailing Address of Payee</b> <b>1220 Peach Street</b>				<b>Amount</b> 5,227.50					
<b>City</b> <b>Erie</b>		<b>State</b> <b>PA</b>		<b>Zip Code</b> <b>16501</b>		<b>Communication Date</b> 0 9 / 2 2 / 2 0 0 4			
<b>Name of Employer</b> _____				<b>Occupation</b> _____					
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>									
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WOWK-TV</b>				<b>Date of Disbursement or Obligation</b> 0 9 / 2 0 / 2 0 0 4					
<b>Mailing Address of Payee</b> <b>555 Fifth Avenue</b>				<b>Amount</b> 3,045.295					
<b>City</b> <b>Huntington</b>		<b>State</b> <b>WV</b>		<b>Zip Code</b> <b>25301</b>		<b>Communication Date</b> 0 9 / 2 2 / 2 0 0 4			
<b>Name of Employer</b> _____				<b>Occupation</b> _____					
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>									
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<b>SUBTOTAL of Disbursements/Obligations This Page (national) ▶</b>						3 5 6 8 0 4 5			
<b>TOTAL This Period (add page file line number area) ▶</b> (carry total from last page to Line 14)						6 1 1 1 9 9 4 5			

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WVAH-TV				Date of Disbursement or Obligation 0 8 2 0 2 0 0 4	
Mailing Address of Payee 1301 Piedmont Rd				Amount 1 2 0 9 1 2 5	
City	State	Zip Code		Communication Date	
Charleston	WV	25301		0 8 2 2 2 0 0 4	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:	
John F. Kerry	<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> President	District: _____	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
				<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	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	State: _____	Disbursement/Obligation For:	
				<input type="checkbox"/> Primary <input type="checkbox"/> General	
				<input type="checkbox"/> Other (specify) _____	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WCHS-TV				Date of Disbursement or Obligation 0 9 2 0 2 0 0 4	
Mailing Address of Payee 11 Broadcast Drive				Amount 1 4 2 3 7 5 0	
City	State	Zip Code		Communication Date	
Hurricane	WV	25701		0 9 2 2 2 0 0 4	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:	
John F. Kerry	<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> President	District: _____	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
				<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	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	State: _____	Disbursement/Obligation For:	
				<input type="checkbox"/> Primary <input type="checkbox"/> General	
				<input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (colonne)				2 6 3 2 8 7 5	
TOTAL This Period (last page 50s line number area) (carry total from last page to Line 10)				6 3 7 5 2 8 2 0	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WSAZ-TV				Date of Disbursement or Obligation 0 9 2 0 2 0 0 4			
Mailing Address of Payee 645 Fifth Avenue				Amount 5 5 6 7 5 0 0			
City Huntington		State WV		Zip Code 25701		Communication Date 0 9 2 2 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>B. Full Name (Last, First, Middle Initial) of Payee</b> WVNS-TV				Date of Disbursement or Obligation 0 9 2 0 2 0 0 4			
Mailing Address of Payee 141 Cline Rd				Amount 1 1 2 2 0 0 0			
City Chent		State WV		Zip Code 25843		Communication Date 0 9 2 2 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 6 8 9 5 0 0	
TOTAL This Page (add page this line number only) ▶ (carry total from last page to Line 10)						7 0 4 4 2 3 2 0	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WOAY-TV				Date of Disbursement or Obligation 0 9 2 0 2 0 0 4			
Mailing Address of Payee Route 16 South				Amount 2,749.75			
City Oak Hill		State WV		Zip Code 25901		Communication Date 0 9 2 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>B. Full Name (Last, First, Middle Initial) of Payee</b> WVVA-TV				Date of Disbursement or Obligation 0 9 2 0 2 0 0 4			
Mailing Address of Payee Route 480 Bypass				Amount 39,482.50			
City Bluefield		State WV		Zip Code 24701		Communication Date 0 9 2 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>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				4 2 2 3 2 2 5			
<b>TOTAL This Period (last page this line number only)</b> (carry over from last page to line 12)				7 4 6 6 5 5 4 5			

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WHIZ-TV				<b>Date of Disbursement or Obligation</b> 0 9 2 0 2 0 0 4			
<b>Mailing Address of Payee</b> 629 Downard Rd				<b>Amount</b> , 1 3 , 5 2 7 , 7 5			
<b>City</b> Zanesville		<b>State</b> OH		<b>Zip Code</b> 43701		<b>Communication Date</b> 0 9 2 2 2 0 0 4	
<b>Name of Employer</b>		<b>Occupation</b>		<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy			
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WUPW-TV				<b>Date of Disbursement or Obligation</b> 0 9 2 0 2 0 0 4			
<b>Mailing Address of Payee</b> 4 Seagate				<b>Amount</b> , 7 , 3 4 8 , 2 5			
<b>City</b> Toledo		<b>State</b> OH		<b>Zip Code</b> 43604		<b>Communication Date</b> 0 9 2 2 2 0 0 4	
<b>Name of Employer</b>		<b>Occupation</b>		<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy			
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursement/Obligations This Page (optional)</b>				, 2 0 8 7 6 , 0 0			
<b>TOTAL This Period (last page this line number only)</b> (carry over from last page to Line 10)				, 7 6 7 5 3 1 , 4 5			

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WNWO-TV				<b>Date of Disbursement or Obligation</b> M N Y P 0 8 2 0 2 0 0 4			
<b>Mailing Address of Payee</b> 300 South Byme Rd				<b>Amount</b> 2 3 7 3 4 5 5			
<b>City</b> Toledo		<b>State</b> OH		<b>Zip Code</b> 43615		<b>Communication Date</b> M N Y P 0 8 2 2 2 0 0 4	
<b>Name of Employer</b>		<b>Occupation</b>		_____			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy							
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WTOL-TV				<b>Date of Disbursement or Obligation</b> M N Y P 0 8 2 0 2 0 0 4			
<b>Mailing Address of Payee</b> 730 North Summit Street				<b>Amount</b> 3 7 7 4 0 0 0			
<b>City</b> Toledo		<b>State</b> OH		<b>Zip Code</b> 43699		<b>Communication Date</b> M N Y P 0 8 2 2 2 0 0 4	
<b>Name of Employer</b>		<b>Occupation</b>		_____			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy							
<b>Name of Federal Candidate</b> John F. Kerry		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>						6 1 4 7 4 5 5	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to line 10)						8 2 9 0 0 6 0 0	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WTVG-TV				<b>Date of Disbursement or Obligation</b> 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 4247 Dorr Street				Amount 1 7 7 4 3 7 5	
City Toledo	State OH	Zip Code 43607		Communication Date 0 9 / 2 2 / 2 0 0 4	
Name of Employer Occupation					
<b>Purpose of Disbursement (including title(s) of communication(s))</b> 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: <input type="checkbox"/>	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: <input type="checkbox"/>	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>B. Full Name (Last, First, Middle Initial) of Payee</b> WYFX-TV				<b>Date of Disbursement or Obligation</b> 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 3830 Sunset Blvd				Amount 1 6 1 5 0 0	
City Youngstown	State OH	Zip Code 44512		Communication Date 0 9 / 2 2 / 2 0 0 4	
Name of Employer Occupation					
<b>Purpose of Disbursement (including title(s) of communication(s))</b> 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: <input type="checkbox"/>	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: <input type="checkbox"/>	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>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				1 9 3 5 8 7 5	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line #0)				8 4 8 3 6 4 7 5	



**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WKBN-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 3930 Sunset Blvd				Amount 1 8, 0 2 0. 0 0	
City Youngstown	State OH	Zip Code 44512	Communication Date 0 9 / 2 2 / 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>B. Full Name (Last, First, Middle Initial) of Payee</b> WFMJ-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 101 West Boardman Street				Amount 2 4, 1 7 4. 0 0	
City Youngstown	State OH	Zip Code 44503	Communication Date 0 9 / 2 2 / 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 2, 1 9 4. 0 0	
TOTAL This Period (last page line number only) (carry lots from last page to Line 4f)				8 9, 0 5 5 8 7 5	

**SCHEDULE B-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WYTV-TV				<b>Date of Disbursement or Obligation</b> 0 9 / 2 0 / 2 0 0 4	
<b>Mailing Address of Payee</b> 3800 Shady Run Rd				<b>Amount</b> 7,080.50	
<b>City</b> Youngstown	<b>State</b> OH	<b>Zip Code</b> 44502	<b>Communication Date</b> 0 9 / 2 2 / 2 0 0 4		
<b>Name of Employer</b> _____				<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy					
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WLIO-TV				<b>Date of Disbursement or Obligation</b> 0 9 / 2 0 / 2 0 0 4	
<b>Mailing Address of Payee</b> 1424 Rice Avenue				<b>Amount</b> 13,153.75	
<b>City</b> Lima	<b>State</b> OH	<b>Zip Code</b> 45805	<b>Communication Date</b> 0 9 / 2 2 / 2 0 0 4		
<b>Name of Employer</b> _____				<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy					
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>SUBTOTAL of Disbursements/Obligations This Page (optional) .....</b>				20,234.25	
<b>TOTAL This Period (last page this five number only) .....</b> (carry total from last page to line 10)				010,793.00	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WOHL-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 2115 Allentown Rd				Amount 5 6 1 0 0	
City Lima	State OH	Zip Code 45805		Communication Date 0 9 / 2 2 / 2 0 0 4	
Name of Employer				Occupation	
Purpose of Disbursement (Including title(s) of communication(s)) <b>Media Buy</b>					
Name of Federal Candidate John F. Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WHIO-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 1414 Wilmington Avenue				Amount 3 8 9 4 7 0 0	
City Dayton	State OH	Zip Code 45420		Communication Date 0 9 / 2 2 / 2 0 0 4	
Name of Employer				Occupation	
Purpose of Disbursement (Including title(s) of communication(s)) <b>Media Buy</b>					
Name of Federal Candidate John F. Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>SUBTOTAL of Disbursements/Obligations This Page (dollars)</b>				3 9 5 0 8 0 0	
<b>TOTAL This Period (last page into this number only)</b> (carry total from last page to Line 10)				9 5 0 3 0 1 0 0	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WDTN-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 4595 South Dixie				Amount 1 0 0 9 3 7 5	
City Dayton	State OH	Zip Code 45439	Communication Date 0 9 / 2 2 / 2 0 0 4		
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WKEF-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 1731 Soldiers Home Road				Amount 7 8 4 1 2 5	
City Dayton	State OH	Zip Code 45418	Communication Date 0 9 / 2 2 / 2 0 0 4		
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶				1 7 9 3 5 0 0	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 1B)				9 6 8 2 3 6 0 0	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WRGT-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 45 Broadcast Plaza				Amount 4,505.00	
City Dayton	State OH	Zip Code 45408		Communication Date 0 8 / 2 2 / 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>B. Full Name (Last, First, Middle Initial) of Payee</b> WBOY-TV				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 912 West Pike Street				Amount 19,031.50	
City Clarksburg	State WV	Zip Code 26301		Communication Date 0 8 / 2 2 / 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) ..... ▶				23,536.50	
TOTAL This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)				99,177.50	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WDTV-TV				<b>Date of Disbursement or Obligation</b> 0 9 2 0 2 0 0 4			
Mailing Address of Payee 5 Television Drive				<b>Amount</b> , 1 2 , 0 2 7 , 5 0			
City Bridgeport		State WV		Zip Code 26330		<b>Communication Date</b> 0 9 2 2 2 0 0 4	
Name of Employer		Occupation					
<b>Purpose of Disbursement (including title(s) of communication(s))</b> 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>B. Full Name (Last, First, Middle Initial) of Payee</b> WVFX-TV				<b>Date of Disbursement or Obligation</b> 0 9 2 0 2 0 0 4			
Mailing Address of Payee 775 West Pike Street				<b>Amount</b> , 1 , 2 3 2 , 5 0			
City Clarksburg		State WV		Zip Code 26301		<b>Communication Date</b> 0 9 2 2 2 0 0 4	
Name of Employer		Occupation					
<b>Purpose of Disbursement (including title(s) of communication(s))</b> 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>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				, 1 3 , 2 6 0 , 0 0			
<b>TOTAL This Period (set page this line number only)</b> (carry total from last page to Line 10)				, 1 0 0 5 , 0 3 2 , 5 0			

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services				Date of Disbursement or Obligation 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Payee 600 Faimount Avenue, Suite 306				Amount , 1 7 6 , 7 7 9 , 5 0	
City Towson	State MD	Zip Code 21286		Communication Date 0 9 / 2 2 / 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) <b>Media Buy</b>					
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>B. Full Name (Last, First, Middle Initial) of Payee</b> Stevens Reed Curcio & Potholm				Date of Disbursement or Obligation 0 9 / 1 1 / 2 0 0 4	
Mailing Address of Payee 305 Cameron Street				Amount , 1 1 9 , 1 3 0 , 0 0	
City Alexandria	State VA	Zip Code 22314		Communication Date 0 9 / 2 2 / 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) <b>Media Production/Post</b>					
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>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				1 8 8 , 6 8 3 , 5 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 40)				1 1 9 , 3 7 1 , 6 0 0	

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

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>fed. Exp</i>	Shipping Date <i>11-17-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JM W</i> PREPARER (5/2004)	<i>11-16-04</i> DATE PREPARED