

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name
Texans for Truth

(b) Address (number and street) Check if different than previously reported
5909 Sierra Grande

(c) City, State and ZIP Code
Austin, TX 78759

(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

09 09 2004

through

09 15 2004

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

09 13 2004

(b) Communication Title AWOL

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107

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
Glenn W. Smith

(b) Address (number and street)
5909 Sierra Grande

(c) City, State and ZIP Code
Austin, TX 78759

(d) Name of Employer or Principal Place of Business

(e) Occupation

Affinity Dynamics

consultant

9. Total Donations This Statement

139,000.00

10. Total Disbursements/Obligations This Statement

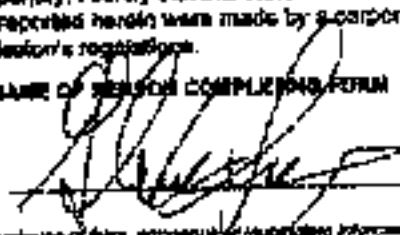
115,000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Glenn W. Smith

SIGNATURE



DATE 9/13/04

NOTE: Submission of false, inaccurate or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. (1017).

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

PAGE 2 OF 9

11. Person(s) Sharing/Exercising Control

A. (a) Name Glenn W. Smith	
(b) Address (number and street) 5909 Sierra Grande	
(c) City, State and ZIP Code Austin, TX 78759	
(d) Name of Employer or Principal Place of Business Affinity Dynamics	(e) Occupation Consultant
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor <i>Michael Krieschnick</i></p> <p>Mailing Address of Donor <i>1467 Hamilton Ave.</i></p> <p>City State Zip <i>Palo Alto, CA 94301</i></p>	<p>Date of Receipt <i>09/09/2004</i></p> <p>Amount <i>5,000.00</i></p>
<p>B. Full Name of Donor <i>Carol Golden</i></p> <p>Mailing Address of Donor <i>59 Castle Howard Ct.</i></p> <p>City State Zip <i>Princeton, NJ 08540</i></p>	<p>Date of Receipt <i>09/09/2004</i></p> <p>Amount <i>5,000.00</i></p>
<p>C. Full Name of Donor <i>Allen Mendenhall</i></p> <p>Mailing Address of Donor <i>831 North Island Trl.</i></p> <p>City State Zip <i>Atlanta, GA 30327</i></p>	<p>Date of Receipt <i>09/09/2004</i></p> <p>Amount <i>2,000.00</i></p>
<p>D. Full Name of Donor <i>Andrew Gunther</i></p> <p>Mailing Address of Donor <i>1160 Clarendon Crescent</i></p> <p>City State Zip <i>Oakland, CA 94610</i></p>	<p>Date of Receipt <i>09/09/2004</i></p> <p>Amount <i>1,000.00</i></p>
<p>E. Full Name of Donor <i>Judith Scheide</i></p> <p>Mailing Address of Donor <i>133 Liberty Place</i></p> <p>City State Zip <i>Princeton, NJ 08540</i></p>	<p>Date of Receipt <i>09/09/2004</i></p> <p>Amount <i>1,000.00</i></p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Page (last page this line number only)</p> <p>(carry total from last page to Line 7)</p>	<p><i>14,000.00</i></p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor <i>Stephanie Low</i></p> <p>Mailing Address of Donor <i>1215 Fifth Ave.</i></p> <p>City State Zip <i>New York, NY 10029</i></p>	<p>Date of Receipt <i>09 09 2004</i></p> <p>Amount <i>1,000.00</i></p>
<p>B. Full Name of Donor <i>Bahr Weiss</i></p> <p>Mailing Address of Donor <i>4620 Tara Dr.</i></p> <p>City State Zip <i>Nashville, TN 37215</i></p>	<p>Date of Receipt <i>09 09 2004</i></p> <p>Amount <i>1,000.00</i></p>
<p>C. Full Name of Donor <i>Graham Leggett</i></p> <p>Mailing Address of Donor <i>400 Tanager Plaza, #403</i></p> <p>City State Zip <i>Corte Madera, CA 94925</i></p>	<p>Date of Receipt <i>09 09 2004</i></p> <p>Amount <i>1,000.00</i></p>
<p>D. Full Name of Donor <i>Gregory Bylinsky</i></p> <p>Mailing Address of Donor <i>377 Broadway, 11th Fl.</i></p> <p>City State Zip <i>New York, NY 10013</i></p>	<p>Date of Receipt <i>09 09 2004</i></p> <p>Amount <i>1,000.00</i></p>
<p>E. Full Name of Donor <i>Bradley Bradshaw</i></p> <p>Mailing Address of Donor <i>1736 E. Sunshine, #600</i></p> <p>City State Zip <i>Springfield, MO 65804</i></p>	<p>Date of Receipt <i>09 09 2004</i></p> <p>Amount <i>1,000.00</i></p>
<p>SUBTOTAL of Donations This Page (open to)</p>	<p><i>5,000.00</i></p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p></p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor <i>Jane Gottesman</i></p> <p>Mailing Address of Donor <i>1518 Hawthorne Terr</i></p> <p>City State Zip <i>Berkeley, CA 94708</i></p>	<p>Date of Receipt <i>09 09 2004</i></p> <p>Amount <i>1,000.00</i></p>
<p>B. Full Name of Donor <i>David Roodman</i></p> <p>Mailing Address of Donor <i>1231 C St., NE</i></p> <p>City State Zip <i>Washington, DC 20002</i></p>	<p>Date of Receipt <i>09 09 2004</i></p> <p>Amount <i>1,000.00</i></p>
<p>C. Full Name of Donor <i>Judith Shay</i></p> <p>Mailing Address of Donor <i>42 Onondaga St.</i></p> <p>City State Zip <i>Skaneateles, NY 13152</i></p>	<p>Date of Receipt <i>09 09 2004</i></p> <p>Amount <i>1,000.00</i></p>
<p>D. Full Name of Donor <i>John Langan</i></p> <p>Mailing Address of Donor <i>58 Holly Oak Dr</i></p> <p>City State Zip <i>Voorhees, NJ 08043</i></p>	<p>Date of Receipt <i>09 09 2004</i></p> <p>Amount <i>1,000.00</i></p>
<p>E. Full Name of Donor <i>Forest Johnson</i></p> <p>Mailing Address of Donor <i>567 Montana Way</i></p> <p>City State Zip <i>Eugene, OR 97405</i></p>	<p>Date of Receipt <i>09 09 2004</i></p> <p>Amount <i>1,000.00</i></p>
<p>SUBTOTAL of Donations This Page (optional) ▶ <i>5,000.00</i></p> <p>TOTAL This Period (last page this line number only) ▶</p> <p>(carry over from last page in Line 9)</p>	

CONTRIBUTION(S) RECEIVED

1 6 4

A. Full Name of Donor <i>William Shields</i>	Date of Receipt <i>09 09 2004</i>
Mailing Address of Donor <i>6606 NE Mallory</i>	Amount <i>1,000.00</i>
City State Zip <i>Portland, OR 97211</i>	

B. Full Name of Donor <i>Scollay Petry</i>	Date of Receipt <i>09 09 2004</i>
Mailing Address of Donor <i>831 Oak Shadows Road</i>	Amount <i>1,000.00</i>
City State Zip <i>Celebration, FL 34747</i>	

C. Full Name of Donor <i>Thomas Traynor</i>	Date of Receipt <i>09 09 2004</i>
Mailing Address of Donor <i>302A W. 12th St., #247</i>	Amount <i>1,000.00</i>
City State Zip <i>New York, NY 10014</i>	

D. Full Name of Donor <i>Scott Pearson</i>	Date of Receipt <i>09 09 2004</i>
Mailing Address of Donor <i>40 Norman Way</i>	Amount <i>1,000.00</i>
City State Zip <i>Tiburon, CA 94920</i>	

E. Full Name of Donor <i>Brian Smith</i>	Date of Receipt <i>09 09 2004</i>
Mailing Address of Donor <i>175 North St.</i>	Amount <i>1,000.00</i>
City State Zip <i>Shrewsbury, MA 01545</i>	

SUBTOTAL of Donations This Page (optional)	<i>5,000.00</i>
TOTAL, Two Pages (use page this line number only) (carry total from last page to Line B)	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor <i>Daniel O'Keefe</i></p> <p>Mailing Address of Donor <i>10351 Santa Monica Blvd., #220</i></p> <p>City State Zip <i>Los Angeles, CA 90025</i></p>	<p>Date of Receipt <i>09 09 2004</i></p> <p>Amount <i>100 000.00</i></p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) <i>100 000.00</i></p> <hr/> <p>TOTAL This Period (last page this line number only) <i>129 000.00</i> <small>(copy total from last page to Line 9)</small></p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 8 OF 9

A. Full Name (Last, First, Middle Initial) of Payee Media Strategies & Research		Date of Disbursement or Obligation 09 09 2004	
Mailing Address of Payee 1580 Lincoln St., Suite 510		Amount 60,000.00	
City State Zip Code Denver, CO 80203		Communication Date 09 13 2004	
Name of Employer Occupation N/A N/A		Purpose of Disbursement (including title(s) of communication(s)) Advertising placement - TV - "AWOL"	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee Media Strategies & Research		Date of Disbursement or Obligation 09 10 2004	
Mailing Address of Payee 1580 Lincoln St., Suite 510		Amount 40,000.00	
City State Zip Code Denver, CO 80203		Communication Date 09 13 2004	
Name of Employer Occupation N/A N/A		Purpose of Disbursement (including title(s) of communication(s)) Advertising placement - TV - "AWOL"	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)		100,000.00	
TOTAL This Period (last page line item number only) (copy total from last page to Line 10)		_____	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <u>MARALE BECKER & Associates</u>		Date of Disbursement or Obligation <u>09/13/2004</u>
Working Address of Payee <u>5909 Sierra Grande</u> City: <u>Austin, TX</u> State: <u>TX</u> Zip Code: <u>78759</u>		Amount <u>15,000.00</u>
Name of Employer <u>N/A</u>		Communication Date <u>09/13/2004</u>
Purpose of Disbursement (including title(s) of communication(s)) <u>Production - TV - "ANOL"</u>		
Name of Federal Candidate <u>George W. Bush</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
B. Full Name (Last, First, Middle Initial) of Payee 		Date of Disbursement or Obligation
Working Address of Payee 		Amount
Name of Employer 		Communication Date
Purpose of Disbursement (including title(s) of communication(s)) 		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
SUBTOTAL of Disbursements/Obligations This Page (optional)		<u>15,000.00</u>
TOTAL This Period (last page only line number only) (carry total from last page to Line 10)		<u>115,000.00</u>

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 type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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 checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED