

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

The Media Fund

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

648 16th Street NW

(c) City, State and ZIP Code

Washington, DC 20006

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A

2. FEC Identification Number

C N/A

3. Is This Statement

New
or
 Amended

4. Covering Period

08 10 2004
through
08 11 2004

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

06 12 2004

(b) Communication Title

Alone; Barge; Scary

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

Erik Smith

(b) Address (number and street)

800 16th Street NW

(c) City, State and ZIP Code

Washington, DC 20006

(d) Name of Employer or Principal Place of Business

The Media Fund

(e) Occupation

President

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

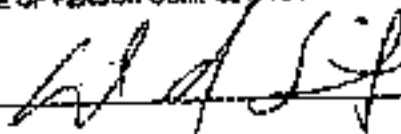
471627.03

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

Erik Smith

SIGNATURE



DATE

8-12-04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. § 487g

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

11. Person(s) Sharing/Exercising Control

A. (a) Name Zrik Smith	
(b) Address (number and street) 888 26th Street NW	
(c) City, State and ZIP Code Washington, DC 20005	
(d) Name of Employer or Principal Place of Business The Media Fund	(e) Occupation President
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 No contributions this period</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</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>

SUBTOTAL of Donations This Page (optional) _____

TOTAL This Period (last page this line number only) _____
(Copy total from last page to line 9)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WVAH-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 21 Broadcast Plaza				Amount 2210.00	
City	State	Zip Code		Communication Date	
Hurricane	WV	25526-9773		08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Secary"					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
George W. Bush	<input checked="" type="checkbox"/>	Senate	WV	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input checked="" type="checkbox"/> Other (specify) - Convention	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input type="checkbox"/> Other (specify) -	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input type="checkbox"/> Other (specify) -	
B. Full Name (Last, First, Middle Initial) of Payee Charter Media-Charleston				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 300 Star Avenue #321				Amount 245.65	
City	State	Zip Code		Communication Date	
Parkersburg	WV	26101		08 12 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Secary"					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
George W. Bush	<input checked="" type="checkbox"/>	Senate	WV	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input checked="" type="checkbox"/> Other (specify) - Convention	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input type="checkbox"/> Other (specify) -	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input type="checkbox"/> Other (specify) -	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line 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 WCRS-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 1301 Piedmont Rd				Amount 6753.25	
City Charleston	State WV	Zip Code 25301-1498	Communication Date 08 11 2004		
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State WV	District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____	District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____	District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee WOME-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 555 5th Ave				Amount 11942.50	
City Huntington	State WV	Zip Code 25701-1907	Communication Date 08 11 2004		
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State WV	District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
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)					
TOTAL This Period (use page this form number only) (carry over from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WGAZ-TV			Date of Disbursement or Obligation 09 09 2004		
Mailing Address of Payee 545 5th Ave			Amount 25138.75		
City	State	Zip Code	Communication Date 09 11 2004		
Burlington	VT	35701-2008			
Name of Employer	Occupation				
N/A	N/A				

Purpose of Disbursement (including date(s) of communication(s))
 TV Advertisement 08/12/04-08/16/04 "Scary"

Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:
George W. Bush	<input checked="" type="checkbox"/>	Senate	VT	<input type="checkbox"/> Primary <input type="checkbox"/> General
		President	District	<input checked="" type="checkbox"/> Other (specify) Convention
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary <input type="checkbox"/> General
		President	District	<input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary <input type="checkbox"/> General
		President	District	<input type="checkbox"/> Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee Adolphia-Charleston			Date of Disbursement or Obligation 08 09 2004		
Mailing Address of Payee 1625 Greenup Ave #1			Amount 216.98		
City	State	Zip Code	Communication Date 08 11 2004		
Ashland	VT	41161			
Name of Employer	Occupation				
N/A	N/A				

Purpose of Disbursement (including date(s) of communication(s))
 TV Advertisement 08/11/04-08/16/04 "Scary"

Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:
George W. Bush	<input checked="" type="checkbox"/>	Senate	VT	<input type="checkbox"/> Primary <input type="checkbox"/> General
		President	District	<input checked="" type="checkbox"/> Other (specify) Convention
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary <input type="checkbox"/> General
		President	District	<input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary <input type="checkbox"/> General
		President	District	<input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) _____

TOTAL This Period (last page this line number only) _____

(carry 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 WTRF-TV				Date of Disbursement or Obligation 08 08 2004	
Mailing Address of Payee 96 16th Street				Amount 4959.75	
City Wheeling	State WV	Zip Code 26003-3660		Communication Date 08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WV	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	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 WTCV-TV				Date of Disbursement or Obligation 08 08 2004	
Mailing Address of Payee 9 Red Donley Place				Amount 11368.75	
City Mingo Junction	State OH	Zip Code 43929		Communication Date 08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH/WV	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements/Obligations this page (optional)					
TOTAL This Period (see page 1 for line number only) (carry 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 Comcast-Wheeling			Date of Disbursement or Obligation 08 09 2004		
Mailing Address of Payee Four Parkway Center #200			Amount 657.25		
City Pittsburgh	State PA	Zip Code 15220	Communication Date 08 11 2004		
Name of Employer N/A			Occupation N/A		

Purpose of Disbursement (including title(s) of communication(s))
 TV Advertisement 08/11/04-08/16/04 "Scary"

Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State PA/PV District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Convention
Name of Federal Candidate _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) - _____
Name of Federal Candidate _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) - _____

B. Full Name (Last, First, Middle Initial) of Payee WTAP-TV			Date of Disbursement or Obligation 08 09 2004		
Mailing Address of Payee 1 Television Plaza			Amount 16673.75		
City Parkersburg	State WV	Zip Code 26101-7306	Communication Date 08 11 2004		
Name of Employer N/A			Occupation N/A		

Purpose of Disbursement (including title(s) of communication(s))
 TV Advertisement 08/11/04-08/16/04 "Scary"

Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State WV District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Convention
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) _____

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Charley Media-Parkersburg			Date of Disbursement or Obligation 08 / 09 / 2004		
Residing Address of Payee 300 SCAR AVENUE #321			Amount 2326 00		
City Parkersburg	State WV	Zip Code 26101	Communication Date 08 / 11 / 2004		
Name of Employer N/A			Occupation N/A		

Purpose of Disbursement (including title(s) of contribution(s))
 TV Advertisement 08/11/04-08/16/04 "Scary"

Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: WV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee WDRY-TV			Date of Disbursement or Obligation 08 / 09 / 2004		
Mailing Address of Payee Route 16 S			Amount 1394 00		
City Oak Hill	State WV	Zip Code 25901	Communication Date 08 / 11 / 2004		
Name of Employer N/A			Occupation N/A		

Purpose of Disbursement (including title(s) of contribution(s))
 TV Advertisement 08/11/04-08/16/04 "Scary"

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

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 (carry 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 WJPS-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 141 Old Lane Rd				Amount 1916.75	
City GSBAC	State WV	Zip Code 25843-9343	Communication Date 08 11 2004		
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Scary"					
Name of Federal Candidate George W. Bush		Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State WV District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate		Office Sought	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payee Charter Media-Berkley				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 300 Star Avenue #321				Amount 985.00	
City Parkersburg	State WV	Zip Code 26101	Communication Date 08 11 2004		
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Scary"					
Name of Federal Candidate George W. Bush		Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State WV District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate		Office Sought	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WVVA-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee Rte 460 Bypass				Amount 33379.50	
City Bluefield	State WV	Zip Code 26701	Communication Date 09 11 2004		
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-09/16/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House Senate	State District	WV	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
Name of Federal Candidate	Office Sought	House Senate	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	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 Time Warner-Clarksburg				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 507 Rosebud Plaza				Amount 1648.15	
City Clarksburg	State WV	Zip Code 26301	Communication Date 08 11 2004		
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-09/16/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House Senate	State District	WV	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
Name of Federal Candidate	Office Sought	House Senate	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	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)					
TOTAL This Period (last page this line number only) (carry 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 WBOY-TV				Date of Disbursement or Obligation 08 08 2004	
Mailing Address of Payee 904 W Pike St				Amount 18012.50	
City	State	Zip Code		Communication Date	
Clarksburg	WV	26301-2555		08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including state) of communication(s) TV Advertisement 08/11/04-08/16/04 "Scary"					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
George W. Bush	<input checked="" type="checkbox"/>	Senate	WV	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President	District	<input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President	District	<input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President	District	<input type="checkbox"/> Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payee WDTV-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 5 Television Dr				Amount 6000.00	
City	State	Zip Code		Communication Date	
Bridgewater	WV	26330-2621		08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including state) of communication(s) TV Advertisement 08/11/04-08/16/04 "Scary"					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
George W. Bush	<input checked="" type="checkbox"/>	Senate	WV	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President	District	<input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President	District	<input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President	District	<input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page into the rounded only) (carry total from last page to Line "B")					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WVFX-TV				Date of Disbursement or Obligation 02 09 2004	
Working Address of Payee 715 W Pike St				Amount 200.50	
City	State	Zip Code		Contribution Date 02 11 2004	
Clarksville	WV	26301-2654			
Name of Employer N/A					
Purpose of Disbursement (including date) of communication(s) TV Advertisement 08/11/04-08/16/04 "Scary"					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
George W. Bush	<input checked="" type="checkbox"/> President		WV	<input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/> Senate <input type="checkbox"/> President			<input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/> Senate <input type="checkbox"/> President			<input type="checkbox"/> Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payee ENTR-TV				Date of Disbursement or Obligation 08 09 2004	
Working Address of Payee 1825 International Ct				Amount 14305.50	
City	State	Zip Code		Contribution Date 08 11 2004	
Springfield	OR	97477-1050			
Name of Employer N/A					
Purpose of Disbursement (including date) of communication(s) TV Advertisement: 08/11/04-08/16/04 "Alone"					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
George W. Bush	<input checked="" type="checkbox"/> President		OR	<input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/> Senate <input type="checkbox"/> President			<input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/> Senate <input type="checkbox"/> President			<input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry 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 KLSR-TV			Date of Disbursement or Obligation 05 " 09 " 2004
Mailing Address of Payee 1940 Chad Dr			Amount 1522.00
City Eugene	State OR	Zip Code 97408-7343	Communication Date 09 " 11 " 2004
Name of Employer N/A			Occupation N/A

Purpose of Disbursement (including title(s) of communication(s))
 TV Advertisement 08/11/04-08/16/04 "Alone"

Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) > Convention
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >

B. Full Name (Last, First, Middle Initial) of Payee Comcast - Eugene			Date of Disbursement or Obligation 05 " 09 " 2004
Mailing Address of Payee 2000 SW 1st Ave #200			Amount 2304.35
City Portland	State OR	Zip Code 97201	Communication Date 08 " 12 " 2004
Name of Employer N/A			Occupation N/A

Purpose of Disbursement (including title(s) of communication(s))
 TV Advertisement 08/11/04-08/16/04 "Alone"

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

TOTAL This Period (last page this line number only) _____
 (carry over from last page to Line 10)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payer KBZI-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payer 2975 Chad Dr				Amount 4970.80	
City Eugene	State OR	Zip Code 97408-7349		Communication Date 08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Alone"					
Name of Federal Candidate George W. Bush	Office Sought President	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State OR District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Convention	
Name of Federal Candidate _____ Office Sought _____ <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____					
Name of Federal Candidate _____ Office Sought _____ <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____					
B. Full Name (Last, First, Middle Initial) of Payer KVAL-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payer 4375 Blanton Rd				Amount 10837.50	
City Eugene	State OR	Zip Code 97405-4967		Communication Date 08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Alone"					
Name of Federal Candidate George W. Bush	Office Sought President	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State OR District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Convention	
Name of Federal Candidate _____ Office Sought _____ <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____					
Name of Federal Candidate _____ Office Sought _____ <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____					
SUMMARY of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this form number only) (carry 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 KOIN-TV			Date of Disbursement or Obligation 08 08 2004	
Mailing Address of Payee 222 SW Columbia St			Amount 20658.00	
City Portland	State OR	Zip Code 97201-6600	Communication Date 08 11 2004	
Name of Employer N/A			Occupation N/A	
Purpose of Disbursement (including title) of communication(s) TV Advertisement 08/11/04-08/16/04 "ALOPE"				
Name of Federal Candidate George W. Bush	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State OR District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payee KPTV-TV			Date of Disbursement or Obligation 08 08 2004	
Mailing Address of Payee 14975 NW Greenbriar Pkwy			Amount 16672.75	
City Beaverton	State OR	Zip Code 97006-5731	Communication Date 08 11 2004	
Name of Employer N/A			Occupation N/A	
Purpose of Disbursement (including title) of communication(s) TV Advertisement 08/11/04-08/16/04 "ALOPE"				
Name of Federal Candidate George W. Bush	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State OR District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
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)				
TOTAL This Period (last page if 2 or more pages) (carry 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 KATU-TV			Date of Disbursement or Obligation 08 " 09 " 2004	
Mailing Address of Payee 2153 NE Sandy Blvd			Amount 19726.50	
City Portland	State OR	Zip Code 97232-2899	Communication Date 08 " 11 " 2004	
Name of Employer N/A				
Purpose of Disbursement (including title) of communication(s) TV Advertisement 08/11/04-08/16/04 "Alone"				

Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House Senate District:	State: OR	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
Name of Federal Candidate	Office Sought	House Senate District:	State:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought	House Senate District:	State:	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 Comcast-Portland			Date of Disbursement or Obligation 08 " 09 " 2004	
Mailing Address of Payee 2000 SW 1st Ave #210			Amount 5066.70	
City Portland	State OR	Zip Code 97201-5345	Communication Date 08 " 11 " 2004	
Name of Employer N/A				
Purpose of Disbursement (including title) of communication(s) TV Advertisement 08/11/04-08/16/04 "Alone"				

Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House Senate District:	State: OR	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
Name of Federal Candidate	Office Sought	House Senate District:	State:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought	House Senate District:	State:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) _____ ▶

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payer KWFB-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payer 10255 SW Arctic Dr				Amount 2125.00	
City	State	Zip Code		Communication Date	
Beaverton	OR	97005-4167		08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Alone"					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
George W. Bush	<input checked="" type="checkbox"/>	Senate	OR	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President	District	<input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President	District	<input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President	District	<input type="checkbox"/> Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payer KGW-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payer 1301 SW Jefferson St				Amount 29146.50	
City	State	Zip Code		Communication Date	
Portland	OR	97201-2566		08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Alone"					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
George W. Bush	<input checked="" type="checkbox"/>	Senate	OR	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President	District	<input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President	District	<input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President	District	<input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry 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 Bend-Central Oregon Cable				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 63090 Sherman Rd				Amount 1773 02	
City Bend	State OR	Zip Code 97701		Contribution Date 08 11 2004	
Name of Employer N/A					
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 06/12/04-08/16/04 "Alone"					
Name of Federal Candidate George W. Bush		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: OR District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee XEVE-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 62990 D B Riley Rd				Amount 11593 00	
City Bend	State OR	Zip Code 97701-5499		Contribution Date 08 11 2004	
Name of Employer N/A					
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Alone"					
Name of Federal Candidate George W. Bush		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: OR District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
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)					
TOTAL This Period (last page for line 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 Payer KFXO-TV Mailing Address of Payer 65140 Bratta St #7101 City Bend State OR Zip Code 97701-5779 Name of Employer Occupation N/A				Date of Disbursement or Obligation 08 09 2004 Amount 1300.00 Communication Date 08 11 2004	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Alone"					
Name of Federal Candidate George W. Bush		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payer KOBI-TV Mailing Address of Payer 125 S Fir Street City Newford State OR Zip Code 97501-3155 Name of Employer Occupation N/A				Date of Disbursement or Obligation 08 09 2004 Amount 5158.00 Communication Date 08 11 2004	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Alone"					
Name of Federal Candidate George W. Bush		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
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)					
TOTAL This Period (last page this line number only) (carry 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 KXVI-TV Mailing Address of Payee 820 Crater Lake Ave #105 City: Medford State: OR Zip Code: 97504-6581 Name of Employer: N/A Occupation: N/A				Date of Disbursement or Obligation 08 09 2004 Amount: 1993.25 Communication Date: 08 11 2004
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Alone"				
Name of Federal Candidate: George W. Bush Office Sought: <input checked="" type="checkbox"/> President	House State: OR District: _____ Senate District: _____ President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
Name of Federal Candidate: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	House State: _____ District: _____ 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	House State: _____ District: _____ Senate District: _____ 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 KTVL-TV Mailing Address of Payee 1440 Rossmore Dr City: Medford State: OR Zip Code: 97501-1751 Name of Employer: N/A Occupation: N/A				Date of Disbursement or Obligation 08 09 2004 Amount: 11962.50 Communication Date: 08 11 2004
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Alone"				
Name of Federal Candidate: George W. Bush Office Sought: <input checked="" type="checkbox"/> President	House State: OR District: _____ Senate District: _____ President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
Name of Federal Candidate: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	House State: _____ District: _____ 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	House State: _____ District: _____ 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) _____				
TOTAL This Period (last page this line number only) _____ (carry total from last page to Line 16)				

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KORV-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 1090 Knutson Ave				Amount 10697.25	
City Medford	State OR	Zip Code 97504-4164		Communication Date 08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Alone"					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House Senate	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Convention	
Name of Federal Candidate _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	House Senate	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	House Senate	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 Charter Media-Medford				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 113 S. Grape Street				Amount 3952.50	
City Medford	State OR	Zip Code 97501		Communication Date 08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Alone"					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House Senate	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Convention	
Name of Federal Candidate _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	House Senate	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	House Senate	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) _____					
TOTAL This Form (last page this line number only) _____ (carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payor ComMedia-Des Moines				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payor 2195 Ingersoll Ave				Amount 1491.75	
City	State	Zip Code		Communication Date	
Des Moines	IA	50312		08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
George W. Bush	<input type="checkbox"/>	Senate	IA	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input checked="" type="checkbox"/>	President	District	<input checked="" type="checkbox"/> Other (specify) CONVENTION	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/>	President	District	<input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/>	President	District	<input type="checkbox"/> Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payee KDSX-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 4023 Fleur Dr				Amount 1530.50	
City	State	Zip Code		Communication Date	
Des Moines	IA	50321-3321		08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
George W. Bush	<input type="checkbox"/>	Senate	IA	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input checked="" type="checkbox"/>	President	District	<input checked="" type="checkbox"/> Other (specify) CONVENTION	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/>	President	District	<input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/>	President	District	<input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursement/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry total from last page to line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Payer Name (Last, First, Middle Initial) of Payer KCCI-TV				Date of Disbursement or Obligation 08 / 09 / 2004	
Mailing Address of Payer 888 9th Street				Amount 28390.00	
City Des Moines	State IA	Zip Code 50309-1288		Communication Date 08 / 11 / 2004	
Name of Employer N/A				Description N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
B. Payer Name (Last, First, Middle Initial) of Payer WOI-TV				Date of Disbursement or Obligation 08 / 09 / 2004	
Mailing Address of Payer 3903 Westown Pkwy				Amount 5265.75	
City W. Des Moines	State IA	Zip Code 50266-1009		Communication Date 08 / 11 / 2004	
Name of Employer N/A				Description N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
SUBTOTAL of Disbursements/Obligations This Page (optional) _____					
TOTAL This Period (last page this line number only) _____ (carry 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 WRO-TV				Date of Disbursement or Obligation 08 08 2004	
Mailing Address of Payee 1501 Grand Ave				Amount 12112.50	
City Des Moines	State IA	Zip Code 50309-3362		Communication Date 08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate George W. Bush	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State IA	District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
Name of Federal Candidate _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____	District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____	District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee OnMedia-Ottumwa				Date of Disbursement or Obligation 08 05 2004	
Mailing Address of Payee 4306 Council Street NE				Amount 739.50	
City Ottumwa	State IA	Zip Code 52502		Communication Date 08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate George W. Bush	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State IA	District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
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 (colored) _____					
TOTAL This Period (add page this line number only) _____ (carry total from last page to Line 50)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KYOU-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 820 W 2nd Street				Amount 819.40	
City	State	Zip Code		Communication Date	
Ottumwa	IA	52501-2295		08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
George W. Bush	<input checked="" type="checkbox"/> President	<input type="checkbox"/> Senate	IA	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> House	District	<input checked="" type="checkbox"/> Other (specify) - Conventions	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/> Senate	<input type="checkbox"/> House		<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Other (specify) -	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/> Senate	<input type="checkbox"/> House		<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Other (specify) -	
B. Full Name (Last, First, Middle Initial) of Payee KTVD-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee Highway 63 N				Amount 10574.00	
City	State	Zip Code		Communication Date	
Kirkville	MO	63501		08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
George W. Bush	<input checked="" type="checkbox"/> President	<input type="checkbox"/> Senate	IA/MO	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> House	District	<input checked="" type="checkbox"/> Other (specify) - Conventions	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/> Senate	<input type="checkbox"/> House		<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Other (specify) -	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/> Senate	<input type="checkbox"/> House		<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Other (specify) -	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry 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 KCRG-TV				Date of Disbursement or Obligation 08 " 09 " 2004	
Mailing Address of Payee 501 2nd Ave SE				Amount 9243.75	
City	State	Zip Code		Communication Date	
Cedar Rapids	IA	52401-1303		08 " 11 " 2004	
Name of Employer N/A					
Purpose of Disbursement (including date(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate	Office Sought	House	State: IA	Disbursement/Obligation For:	
George W. Bush	<input checked="" type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input checked="" type="checkbox"/> President		<input checked="" type="checkbox"/> Other (specify) - Convention	
Name of Federal Candidate	Office Sought	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee KFZA-TV				Date of Disbursement or Obligation 08 " 09 " 2004	
Mailing Address of Payee 600 Old Marion Rd NE				Amount 680.00	
City	State	Zip Code		Communication Date	
Cedar Rapids	IA	52402-2152		08 " 11 " 2004	
Name of Employer N/A					
Purpose of Disbursement (including date(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate	Office Sought	House	State: IA	Disbursement/Obligation For:	
George W. Bush	<input checked="" type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input checked="" type="checkbox"/> President		<input checked="" type="checkbox"/> Other (specify) - Convention	
Name of Federal Candidate	Office Sought	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought	House	State: _____	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

SCHEDULE 3-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KGAN-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 600 Old Wagon Rd NE				Amount 1912.50	
City Cedar Rapids	State IA	Zip Code 52402-2152		Communication Date 08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Convention		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) -		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) -		
B. Full Name (Last, First, Middle Initial) of Payee KWWL-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 500 E 4th Street				Amount 14785.75	
City Waterloo	State IA	Zip Code 50702-5798		Communication Date 08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Convention		
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)					
TOTAL Time Period (last page this line number only) (carry 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 CoMedia-Cedar Rapids				Date of Disbursement or Obligation 08 " 15 " 2004	
Making Address of Payee 6300 Council Street NE				Amount 896 75	
City Cedar Rapids	State IA	Zip Code 52402	Communication Date 08 " 11 " 2004		
Name of Employer N/A					
Purpose of Disbursement (including title) of communication(s) TV Advertisement 08/11/04-08/26/04 "Burgers"					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House Senate District	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Convention	
Name of Federal Candidate	Office Sought:	House Senate District	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought:	House Senate District	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payee WMBF-TV				Date of Disbursement or Obligation 08 " 03 " 2004	
Making Address of Payee 311 18th Street				Amount 937 75	
City Rock Island	State IL	Zip Code 61204-2778	Communication Date 08 " 11 " 2004		
Name of Employer N/A					
Purpose of Disbursement (including title) of communication(s) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House Senate District	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Convention	
Name of Federal Candidate	Office Sought:	House Senate District	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought:	House Senate District	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (continued)					
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

SCHEDULE 3-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KWOC-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 609 Brady St				Amount 39376.25	
City Davenport	State IA	Zip Code 52803-5290		Communication Date 08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name (Last, First, Middle Initial) of Payee WQAD-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 2003 Park 15th St				Amount 3740.50	
City Moline	State IL	Zip Code 61265-6061		Communication Date 08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: IA/IL District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
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)					
TOTAL This Period (and page this line number only) (carry total from last page to Line 30)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WJLB-TV				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 937 S 33rd Street #D				Amount 2120.75	
City	State	Zip Code		Communication Date	
Davenport	IA	52807-2653		08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
George W. Bush	<input checked="" type="checkbox"/>	Senate	IA	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input checked="" type="checkbox"/> Other (specify) - Conventions	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input type="checkbox"/> Other (specify) -	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input type="checkbox"/> Other (specify) -	
B. Full Name (Last, First, Middle Initial) of Payee OnMedia-Quad Cities				Date of Disbursement or Obligation 08 09 2004	
Mailing Address of Payee 4950 34th Ave.				Amount 1412.70	
City	State	Zip Code		Communication Date	
Moline	IL	61265		08 11 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 08/11/04-08/16/04 "Burgers"					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
George W. Bush	<input checked="" type="checkbox"/>	Senate	IA/IL	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input checked="" type="checkbox"/> Other (specify) - Conventions	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input type="checkbox"/> Other (specify) -	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		President		<input type="checkbox"/> Other (specify) -	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page has line number only) (carry 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 Media Strategies & Research				Date of Disbursement or Obligation 08 " 09 " 2004	
Mailing Address of Payee 1580 Lincoln Street #510				Amount 4206.78	
City Denver	State CO	Zip Code 80262	Communication Date 08 " 11 " 2004		
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of convention(s)) TV Advertisement 08/11/04-08/16/04 "Burgers", "B/one", "Scary"					
Name of Federal Candidate George W. Bush	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation	
Mailing Address of Payee				Amount	
City	State	Zip Code	Communication Date		
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of convention(s))					
Name of Federal Candidate	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
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)				471627.03	
TOTAL This Period (add page this line number only) (carry total from last page to Line 10)					

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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