

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

NOV 18 AM 11:22

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

(a) Name

Swift Boat Veterans for Truth

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

P.O. Box 26184

(c) City, State and ZIP Code

Alexandria, VA 22313

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement **New** or **Amended**

4. Covering Period from **09/10/2004** through **09/16/2004**

5. (a) Date of Public Distribution(s) 09/17/2004 **(b) Communication Title** Dazed and Confused

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

Weymouth D. Symmes

(b) Address (number and street)

P.O. Box 26184

(c) City, State and ZIP Code

Alexandria, VA 22313

(d) Name of Employer or Principal Place of Business

Retired

(e) Occupation

Retired

9. Total Donations This Statement , 3 7 0, 3 5 0. 0 0

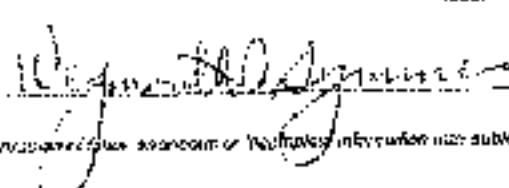
10. Total Disbursements/Obligations This Statement , 3 2 6, 2 1 0. 0 0

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Weymouth D. Symmes

SIGNATURE



DATE 11/17/2004

NOTE: Submission of false information or fraudulent information may subject the person signing this statement to the penalties of 2 U.S.C. 5457g

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

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11. Person(s) Sharing/Exercising Control

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

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Kent Adams</p> <p>Mailing Address of Donor P.O. Box 12523</p> <p>City State Zip Beaumont TX 77726</p>	<p>Date of Receipt 2 0 0 5 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>	
<p>B. Full Name of Donor Thomas Begel</p> <p>Mailing Address of Donor 20 West Burton Place</p> <p>City State Zip Chicago IL 60610</p>	<p>Date of Receipt 0 9 1 3 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>	
<p>C. Full Name of Donor Frank Bellows</p> <p>Mailing Address of Donor 3405 Meadow Lake Lane</p> <p>City State Zip Houston TX 77027</p>	<p>Date of Receipt 0 9 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>	
<p>D. Full Name of Donor MICHAEL A. BLOOME</p> <p>Mailing Address of Donor 2121 KIRBY DRIVE #23</p> <p>City State Zip HOUSTON TX 77019</p>	<p>Date of Receipt 0 9 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>	
<p>E. Full Name of Donor Thomas Bohannens</p> <p>Mailing Address of Donor 205 Oak Road</p> <p>City State Zip Cissna Park IL 60924</p>	<p>Date of Receipt 0 9 1 4 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>	
<p>SUBTOTAL of Donations This Page (optional) ▶</p>		<p>5 0 0 0 . 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>		<p>5 0 0 0 . 0 0</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Tom Crook</p> <p>Mailing Address of Donor 2203 Riverview Drive</p> <p>City State Zip Murfreesboro TN 37129</p>	<p>Date of Receipt 0 5 / 1 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Tom Crook</p> <p>Mailing Address of Donor 2203 Riverview Drive</p> <p>City State Zip Murfreesboro TN 37129</p>	<p>Date of Receipt 0 5 / 1 8 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor David Dave</p> <p>Mailing Address of Donor 9261 State Hwy. 46</p> <p>City State Zip Pipe Creek TX 78063</p>	<p>Date of Receipt 0 9 / 1 4 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor David deForrest</p> <p>Mailing Address of Donor 1870 Cleveland Road</p> <p>City State Zip Miami Beach FL 33141</p>	<p>Date of Receipt 0 9 / 1 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Richard DeLoach</p> <p>Mailing Address of Donor 3533 Chesapeake Avenue</p> <p>City State Zip Hampton VA 23661</p>	<p>Date of Receipt 0 9 / 1 1 / 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 6 0 0 0 0</p>
<p>TOTAL This Period (see page this line may differ)</p> <p>(carry total from last page to Line B)</p>	<p>1 6 2 0 0 0 0</p>

SCHEDULE B-A
Donation(s) Received

A. Full Name of Donor Richard DeLoach			Date of Receipt 08 14 2004	
Mailing Address of Donor 3533 Chesapeake Avenue			Amount 500.00	
City Hampton	State VA	Zip 23661		
B. Full Name of Donor Stan Donnelly			Date of Receipt 08 15 2004	
Mailing Address of Donor 5 Heather Place			Amount 1000.00	
City St. Paul	State MN	Zip 55102		
C. Full Name of Donor Mark Dougherty			Date of Receipt 08 19 2004	
Mailing Address of Donor 1590 Lakewood Ct.			Amount 1000.00	
City Lexington	State KY	Zip 40502		
D. Full Name of Donor Katherine Ernst			Date of Receipt 08 14 2004	
Mailing Address of Donor 4500 Viejo			Amount 500.00	
City Carmel	State CA	Zip 93923		
E. Full Name of Donor Katherine Ernst			Date of Receipt 08 28 2004	
Mailing Address of Donor 4500 Viejo			Amount 500.00	
City Carmel	State CA	Zip 93923		
SUBTOTAL of Donations This Page (optional)			3500.00	
TOTAL This Period (last page of this number only) (carry total from last page to Line 9)			19700.00	

SCHEDULE 9-A

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Donation(s) Received

A. Full Name of Donor E. Grant Fitts			Date of Receipt M M Y Y 0 9 4 5 2 0 0 4	
Mailing Address of Donor P.O. Box 670748			Amount 7 5 0 0 0 0	
City Dallas	State TX	Zip 75367		
B. Full Name of Donor Jerome S. Fletcher			Date of Receipt M M Y Y 0 9 1 4 2 0 0 4	
Mailing Address of Donor 141 Harbourmaster Court			Amount 1 0 0 0 0 0	
City Ponte Verda Beach	State FL	Zip 32082		
C. Full Name of Donor Brian Follett			Date of Receipt M M Y Y 0 9 1 0 2 0 0 4	
Mailing Address of Donor 5600 Craggy Point			Amount 2 5 0 0 0 0	
City Austin	State TX	Zip 78731		
D. Full Name of Donor John C. Fortenberry			Date of Receipt M M Y Y 0 9 1 0 2 0 0 4	
Mailing Address of Donor PO Box 2767			Amount 1 0 0 0 0 0	
City Columbus	State GA	Zip 31902		
E. Full Name of Donor Richard Gable			Date of Receipt M M Y Y 0 9 1 4 2 0 0 4	
Mailing Address of Donor 4515 Willard Ave., Apt. 2318			Amount 5 0 0 0 0 0	
City Chevy Chase	State MD	Zip 20815		
SUBTOTAL of Donations This Page (optional)			1 2 5 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 5)			3 2 2 0 0 0 0	

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor Richard J. Gable			Date of Receipt 0 9 / 0 2 / 2 0 0 4	
Mailing Address of Donor 4515 Willard Ave S2318			Amount 2,500.00	
City Chevy Chase	State MD	Zip 20815		
B. Full Name of Donor Richard J. Gable			Date of Receipt 0 8 / 2 5 / 2 0 0 4	
Mailing Address of Donor 4515 Willard Ave S2318			Amount 5,000.00	
City Chevy Chase	State MD	Zip 20815		
C. Full Name of Donor Philip Gardner			Date of Receipt 0 9 / 1 0 / 2 0 0 4	
Mailing Address of Donor 831 Fox Run Road #11			Amount 2,500.00	
City Findlay	State OH	Zip 45840		
D. Full Name of Donor W.A. Griffin			Date of Receipt 0 5 / 1 5 / 2 0 0 4	
Mailing Address of Donor 3207 Groveland Lane			Amount 1,000.00	
City Houston	State TX	Zip 77019		
E. Full Name of Donor Joseph Grossman			Date of Receipt 0 9 / 1 5 / 2 0 0 4	
Mailing Address of Donor 3008 Rush Mendon Road			Amount 1,000.00	
City Honeoye Falls	State NY	Zip 14472		
SUBTOTAL of Donations This Page (optional)			5,250.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			37,450.00	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Thomas Gumprecht</p> <p>Mailing Address of Donor 7445 SE 71st</p> <p>City State Zip Mercer Island WA 98040</p>	<p>Date of Receipt 09 - 14 - 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Richard Harris</p> <p>Mailing Address of Donor 128 Monet Dr</p> <p>City State Zip Blowing Rock NC 28605</p>	<p>Date of Receipt 09 - 14 - 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Richard Harris</p> <p>Mailing Address of Donor 128 Monet Dr</p> <p>City State Zip Blowing Rock NC 28605</p>	<p>Date of Receipt 09 - 14 - 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Richard Harris</p> <p>Mailing Address of Donor 128 Monet Dr</p> <p>City State Zip Blowing Rock NC 28605</p>	<p>Date of Receipt 06 - 27 - 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Chandi Heffner</p> <p>Mailing Address of Donor Keawewai Ranch 6773 Kohala Mtn. Rd.</p> <p>City State Zip Kamuela HI 96743</p>	<p>Date of Receipt 09 - 10 - 2004</p> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) 3 100 00</p>	
<p>TOTAL This Period (last page this line number only) 4 055 00 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Donald Herdrich</p> <p>Mailing Address of Donor 71 Old Roaring Brook Road</p> <p>City State Zip Mount Kisco NY 10549</p>	<p>Date of Receipt M M Y Y M M Y Y 0 9 1 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Roy H Hinman</p> <p>Mailing Address of Donor 1099 A1A S.</p> <p>City State Zip St. Augustine FL 32080</p>	<p>Date of Receipt M M Y Y M M Y Y 0 9 1 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor John Horne</p> <p>Mailing Address of Donor 112 Muirfield Drive</p> <p>City State Zip Ponte Vedra Beach FL 32082</p>	<p>Date of Receipt M M Y Y M M Y Y 0 9 1 5 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor Susan Jackson</p> <p>Mailing Address of Donor 13331 Buckland Hall Rd.</p> <p>City State Zip St. Louis MO 63131</p>	<p>Date of Receipt M M Y Y M M Y Y 0 9 1 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Salvador Karottki</p> <p>Mailing Address of Donor 512 N. McClurg Ct., #5510</p> <p>City State Zip Chicago IL 60611</p>	<p>Date of Receipt M M Y Y M M Y Y 0 9 1 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 6 5 0 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 4 7 0 5 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Salvador Karottki			Date of Receipt M M - D D - Y Y Y Y 0 8 - 2 7 - 2 0 0 4	
Mailing Address of Donor 512 N. McClurg Ct., #5510			Amount 2 5 0 0 0	
City Chicago	State IL	Zip 60611		
B. Full Name of Donor Al Keller			Date of Receipt M M - D D - Y Y Y Y 0 9 - 1 5 - 2 0 0 4	
Mailing Address of Donor 800 Bering Drive #100			Amount 1 0 0 0 0 0	
City Houston	State TX	Zip 77057		
C. Full Name of Donor John W. Kemper			Date of Receipt M M - D D - Y Y Y Y 0 9 - 1 4 - 2 0 0 4	
Mailing Address of Donor 705 Bow String Cove			Amount 1 0 0 0 0 0	
City Houston	State TX	Zip 77079		
D. Full Name of Donor William King			Date of Receipt M M - D D - Y Y Y Y 0 9 - 1 5 - 2 0 0 4	
Mailing Address of Donor 6260 Cherokee Way			Amount 5 0 0 0 0	
City Suwanee	State GA	Zip 30024		
E. Full Name of Donor William King			Date of Receipt M M - D D - Y Y Y Y 0 8 - 0 8 - 2 0 0 4	
Mailing Address of Donor 6260 Cherokee Way			Amount 5 0 0 0 0	
City Suwanee	State GA	Zip 30024		
SUBTOTAL of Donations This Page (optional)			3 2 5 0 0 0	
TOTAL This Period (last page file line number only) (carry total from last page to Line 9)			5 0 3 0 0 0 0	

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor W.C. Kirkwood</p> <p>Mailing Address of Donor 3201 Glacier</p> <p>City State Zip Casper WY 82604</p>	<p>Date of Receipt 08 14 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Roy Larsen</p> <p>Mailing Address of Donor 7914 Fisher Island</p> <p>City State Zip Miami FL 33109</p>	<p>Date of Receipt 08 15 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Eric M. Lederer</p> <p>Mailing Address of Donor 120 Ponderosa Dr</p> <p>City State Zip Ridgway CO 81432</p>	<p>Date of Receipt 08 10 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor William Marshall Lee</p> <p>Mailing Address of Donor 84 Otis Rd</p> <p>City State Zip Barrington IL 60010</p>	<p>Date of Receipt 08 10 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Darryl Leifheit</p> <p>Mailing Address of Donor 3820 Huffman Mill Pike</p> <p>City State Zip Lexington KY 40511</p>	<p>Date of Receipt 08 14 2004</p> <p>Amount 2,500.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1,325.00</p>
<p>TOTAL This Period (last page has line number only)</p> <p>(carry total from last page to line 9)</p>	<p>6,355.00</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor R. L. Abraham Leunissen MD</p> <p>Mailing Address of Donor 121 Bryn Mawr Avenue</p> <p>City State Zip Newtown Square PA 19073</p>	<p>Date of Receipt 09 14 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Robert D. Linder</p> <p>Mailing Address of Donor 3955 Montgomery Road</p> <p>City State Zip Cincinnati OH 45212</p>	<p>Date of Receipt 09 14 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Jerry Loveless</p> <p>Mailing Address of Donor 9811 West Charleston Blvd #2-422</p> <p>City State Zip Las Vegas NV 89117</p>	<p>Date of Receipt 09 14 2004</p> <p>Amount 2,500.00</p>
<p>D. Full Name of Donor Jerry Loveless</p> <p>Mailing Address of Donor 9811 West Charleston #2-422</p> <p>City State Zip Las Vegas NV 89117</p>	<p>Date of Receipt 08 12 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Thomas Lundell</p> <p>Mailing Address of Donor 2700 Ranchview Lane</p> <p>City State Zip Plymouth MN 55447</p>	<p>Date of Receipt 09 14 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 1,410.00</p>	
<p>TOTAL This Period (last page this tab number only) ▶ 7,760.00 (carry total from last page to Line 5)</p>	

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Thomas Lundell</p> <p>Mailing Address of Donor 2700 Ranchview Lane</p> <p>City State Zip Plymouth MN 55447</p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor leonard Makens</p> <p>Mailing Address of Donor 205 Salem Church Rd.</p> <p>City State Zip Sunfish Lake MN 55118</p>	<p>Date of Receipt 09 16 2004</p> <p>Amount 1000.00</p>
<p>C. Full Name of Donor leonard Makens</p> <p>Mailing Address of Donor 205 Salem Church Rd</p> <p>City State Zip Sunfish Lake MN 55118</p>	<p>Date of Receipt 09 16 2004</p> <p>Amount 1000.00</p>
<p>D. Full Name of Donor leonard Makens</p> <p>Mailing Address of Donor 205 Salem Church Rd</p> <p>City State Zip Sunfish Lake MN 55118</p>	<p>Date of Receipt 09 16 2004</p> <p>Amount 1000.00</p>
<p>E. Full Name of Donor J. Allen Martin</p> <p>Mailing Address of Donor 10095 Lawyers Rd</p> <p>City State Zip Vienna VA 22181</p>	<p>Date of Receipt 09 10 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 4000.00</p>	
<p>TOTAL This Period (last page this line number only) ▶ \$ 1650.00 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor J. Allen Martin			Date of Receipt 0 8 - 1 0 - 2 0 0 4	
Mailing Address of Donor 10095 Lawyers Road			Amount 2 5 0 0 0	
City Vienna	State VA	Zip 22181		
B. Full Name of Donor J. Allen Martin			Date of Receipt 0 8 - 3 1 - 2 0 0 4	
Mailing Address of Donor 10095 Lawyers Rd.			Amount 2 5 0 0 0	
City Vienna	State VA	Zip 22181		
C. Full Name of Donor Dana McManus			Date of Receipt 0 9 - 1 5 - 2 0 0 4	
Mailing Address of Donor 59 Lupin Lane			Amount 1 0 0 0 0 0	
City Atherton	State CA	Zip 94027		
D. Full Name of Donor Paul McTigue			Date of Receipt 0 9 - 1 5 - 2 0 0 4	
Mailing Address of Donor 15 Gainsborough Road			Amount 1 0 0 0 0 0	
City Scarsdale	State NY	Zip 10583		
E. Full Name of Donor John Metrock			Date of Receipt 0 8 - 1 0 - 2 0 0 4	
Mailing Address of Donor PO Box 36			Amount 1 0 0 0 0 0	
City Montevallo	State AL	Zip 35115		
SUBTOTAL of Donations This Page (optional)			3 5 0 0 0 0	
TOTAL This Period (last page this line number only) (carry over from last page to Line 9)			8 5 1 5 0 0 0	

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor: Michael Miller</p> <p>Mailing Address of Donor 4402 Boxwood Rd.</p> <p>City State Zip Bethesda MD 20816</p>	<p>Date of Receipt 09 01 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor: Michael Miller</p> <p>Mailing Address of Donor 4402 Boxwood Rd.</p> <p>City State Zip Bethesda MD 20816</p>	<p>Date of Receipt 09 10 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor: John Mitchell</p> <p>Mailing Address of Donor P.O. Box 806</p> <p>City State Zip Deer Park WA 99006</p>	<p>Date of Receipt 09 14 2004</p> <p>Amount 1000.00</p>
<p>D. Full Name of Donor: Dan M. Moody, Jr.</p> <p>Mailing Address of Donor 3003 W. Alabama</p> <p>City State Zip Houston TX 77098</p>	<p>Date of Receipt 09 15 2004</p> <p>Amount 2500.00</p>
<p>E. Full Name of Donor: glenn napierskie</p> <p>Mailing Address of Donor 325 N. Market Pl.</p> <p>City State Zip Escondido CA 92029</p>	<p>Date of Receipt 09 14 2004</p> <p>Amount 2500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>7000.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 8)</p>	<p>92150.00</p>

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Bill Nelson <hr/> Mailing Address of Donor 705 Brender Lane <hr/> City State Zip Yorktown Heights NY 10598	Date of Receipt M M - D D - Y Y Y Y 0 9 - 1 4 - 2 0 0 4 Amount 1 0 0 0 . 0 0
B. Full Name of Donor Craig Nickoloff <hr/> Mailing Address of Donor 16721 Millikan ave. <hr/> City State Zip Irvine CA 92606	Date of Receipt M M - D D - Y Y Y Y 0 9 - 1 5 - 2 0 0 4 Amount 1 0 0 0 . 0 0
C. Full Name of Donor Emit Noah Jr <hr/> Mailing Address of Donor 3500 North Andrews Ave <hr/> City State Zip Pompano Beach FL 33064	Date of Receipt M M - D D - Y Y Y Y 0 9 - 1 4 - 2 0 0 4 Amount 1 0 0 0 . 0 0
D. Full Name of Donor William F Odom Jr <hr/> Mailing Address of Donor 229 Deerwood Drive <hr/> City State Zip Huddleston VA 24104	Date of Receipt M M - D D - Y Y Y Y 0 9 - 1 2 - 2 0 0 4 Amount 2 5 0 0 . 0 0
E. Full Name of Donor William F Odom Jr <hr/> Mailing Address of Donor 229 Deerwood Drive <hr/> City State Zip Huddleston VA 24104	Date of Receipt M M - D D - Y Y Y Y 0 8 - 0 5 - 2 0 0 4 Amount 2 5 0 0 . 0 0
SUBTOTAL of Donations This Page (optional)	3 5 0 0 . 0 0
TOTAL This Period (last page this line number only) <small>(carry total from last page to Line 8)</small>	9 5 6 5 0 . 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William F Odom Jr</p> <p>Mailing Address of Donor 229 Deerwood Drive</p> <p>City State Zip Huddleston VA 24104</p>	<p>Date of Receipt 08 12 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor William F Odom Jr</p> <p>Mailing Address of Donor 229 Deerwood Drive</p> <p>City State Zip Huddleston VA 24104</p>	<p>Date of Receipt 08 19 2004</p> <p>Amount 10000</p>
<p>C. Full Name of Donor William F Odom Jr</p> <p>Mailing Address of Donor 229 Deerwood Drive</p> <p>City State Zip Huddleston VA 24104</p>	<p>Date of Receipt 05 01 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Bob J. Perry</p> <p>Mailing Address of Donor P.O. Box 34153</p> <p>City State Zip Houston TX 77234</p>	<p>Date of Receipt 08 13 2004</p> <p>Amount 25000000</p>
<p>E. Full Name of Donor Charles Pierce</p> <p>Mailing Address of Donor 3542 Bayard Drive</p> <p>City State Zip Cincinnati OH 45208</p>	<p>Date of Receipt 05 15 2004</p> <p>Amount 1000000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>25180000</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>34725000</p>

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor brian Pitcher <hr/> Mailing Address of Donor PO Box 399 <hr/> City State Zip Ross CA 94957	Date of Receipt M M D D Y Y 0 9 1 1 2 0 0 4 Amount 1 0 0 0 0 0
B. Full Name of Donor Roger G. Pollock <hr/> Mailing Address of Donor 22 Denison Drive <hr/> City State Zip Saddle River NJ 07458	Date of Receipt M M D D Y Y 0 9 1 3 2 0 0 4 Amount 1 0 0 0 0 0
C. Full Name of Donor William A. Popp <hr/> Mailing Address of Donor 2334 Ben Franklin Dr <hr/> City State Zip Deland FL 32720	Date of Receipt M M D D Y Y 0 9 0 2 2 0 0 4 Amount 7 0 0 0 0 0
D. Full Name of Donor William A. Popp <hr/> Mailing Address of Donor 2334 Ben Franklin Dr <hr/> City State Zip Deland FL 32720	Date of Receipt M M D D Y Y 0 9 1 0 2 0 0 4 Amount 3 0 0 0 0 0
E. Full Name of Donor Mary Prescott <hr/> Mailing Address of Donor 501 N Clinton St, Apt 3401 <hr/> City State Zip Chicago IL 60610	Date of Receipt M M D D Y Y 0 8 2 4 2 0 0 4 Amount 5 0 0 0 0 0
SUBTOTAL of Donations This Page (optional)	3 5 0 0 0 0
TOTAL This Period (last page this line number only) <small>(carry total from last page to Line 9)</small>	3 5 0 7 5 0 0 0

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Mary Susan Prescott</p> <p>Mailing Address of Donor 501 N Clinton St, Apt 3401</p> <p>City State Zip Chicago IL 60610</p>	<p>Date of Receipt 09 16 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor Frank Price</p> <p>Mailing Address of Donor 527 Spoleto Drive</p> <p>City State Zip Pacific Palisades CA 90272</p>	<p>Date of Receipt 09 16 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Frank Price</p> <p>Mailing Address of Donor 527 Spoleto Drive</p> <p>City State Zip Pacific Palisades CA 90272</p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Dean Rajala</p> <p>Mailing Address of Donor P.O. Box 217</p> <p>City State Zip Deer River MN 56636</p>	<p>Date of Receipt 08 14 2004</p> <p>Amount 1000.00</p>
<p>E. Full Name of Donor Dean Rajala</p> <p>Mailing Address of Donor P.O. Box 217</p> <p>City State Zip Deer River MN 56636</p>	<p>Date of Receipt 08 15 2004</p> <p>Amount 1000.00</p>
<p>SUBTOTAL of Donations This Page (optional) 3500.00</p>	
<p>TOTAL This Period (last page this line number only) 354250.00 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor thomas p. sartwelle</p> <p>Mailing Address of Donor 1300 post oak blvd ste 2500</p> <p>City State Zip Houston TX 77056</p>	<p>Date of Receipt MM DD YY 09 14 2004</p> <p>Amount 2 5 0 0 0</p>
<p>B. Full Name of Donor thomas p. sartwelle</p> <p>Mailing Address of Donor 1300 post oak blvd ste 2500</p> <p>City State Zip houston TX 77056</p>	<p>Date of Receipt MM DD YY 08 08 2004</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor thomas p. sartwelle</p> <p>Mailing Address of Donor 1300 post oak blvd ste 2500</p> <p>City State Zip houston TX 77056</p>	<p>Date of Receipt MM DD YY 08 23 2004</p> <p>Amount 2 5 0 0 0</p>
<p>D. Full Name of Donor thomas p. sartwelle</p> <p>Mailing Address of Donor 1300 post oak blvd ste 2500</p> <p>City State Zip Houston TX 77056</p>	<p>Date of Receipt MM DD YY 09 04 2004</p> <p>Amount 2 5 0 0 0</p>
<p>E. Full Name of Donor Douglas Swenson</p> <p>Mailing Address of Donor 341 W Ashbourne Dr.</p> <p>City State Zip Eagle ID 83616</p>	<p>Date of Receipt MM DD YY 09 18 2004</p> <p>Amount 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) 1 5 0 0 0 0</p> <p>TOTAL This Period (last page this line number only) 3 5 8 7 5 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

PAGE 24 OF 42

A. Full Name of Donor Douglas Swenson <hr/> Mailing Address of Donor 341 W Ashbourne Dr. <hr/> City State Zip Eagle ID 83616	Date of Receipt Y Y M M D D Y Y Y Y 0 8 0 4 2 0 0 4 Amount 2 5 0 0 0
B. Full Name of Donor Douglas Swenson <hr/> Mailing Address of Donor 341 Ashbourne Dr. <hr/> City State Zip Eagle ID 83616	Date of Receipt M M C C Y Y Y Y 0 8 2 1 2 0 0 4 Amount 5 0 0 0 0
C. Full Name of Donor Robert Sydow <hr/> Mailing Address of Donor 528 21st Street <hr/> City State Zip Manhattan Beach CA 90266	Date of Receipt M M C C Y Y Y Y 0 9 1 0 2 0 0 4 Amount 1 0 0 0 0
D. Full Name of Donor Tom Talbot <hr/> Mailing Address of Donor N2885 County F <hr/> City State Zip Montello WI 53949	Date of Receipt M M C C Y Y Y Y 0 9 1 4 2 0 0 4 Amount 1 0 0 0 0
E. Full Name of Donor Gary Vogler <hr/> Mailing Address of Donor 11451 S. W. 3rd. Street <hr/> City State Zip Plantation FL 33325	Date of Receipt Y Y M M D D Y Y Y Y 0 9 1 8 2 0 0 4 Amount 2 5 0 0 0
SUBTOTAL of Donations This Page (optional) ▶	3 0 0 0 0
TOTAL This Period (last page this line number only) ▶ <small>(carry total from last page to line 9)</small>	3 5 1 7 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

PAGE 25 OF 42

A. Full Name of Donor todd vowell			Date of Receipt 0 9 / 1 4 / 2 0 0 4		
Mailing Address of Donor 6930 destiny drive			Amount 2,500.00		
City rocklin	State CA	Zip 95677			
B. Full Name of Donor Audrey Wadleigh			Date of Receipt 0 9 / 1 5 / 2 0 0 4		
Mailing Address of Donor 2560 Crossgate Place			Amount 2,000.00		
City Birmingham	State AL	Zip 35216			
C. Full Name of Donor Bob Weekley			Date of Receipt 0 9 / 1 0 / 2 0 0 4		
Mailing Address of Donor 621 So Barrington Ave #306			Amount 1,000.00		
City Los Angeles	State CA	Zip 90049			
D. Full Name of Donor Steve Weltha			Date of Receipt 0 9 / 0 5 / 2 0 0 4		
Mailing Address of Donor 221 South 5th Avenue			Amount 1,000.00		
City Winterset	State IA	Zip 50273			
E. Full Name of Donor John Wheatley			Date of Receipt 0 8 / 2 7 / 2 0 0 4		
Mailing Address of Donor 1730 Thorp Cemetery Rd			Amount 1,000.00		
City Thorp	State WA	Zip 98946			
SUBTOTAL of Donations This Page (optional)			6,600.00		
TOTAL This Period (last page this line number only) (carry total from last page to Line 8)			3,683.50		

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John P. Wheatley</p> <p>Mailing Address of Donor 1730 Thorp Cemetery Rd</p> <p>City State Zip Thorp WA 98946</p>	<p>Date of Receipt M M D D Y Y Y Y 0 9 1 0 2 0 0 4</p> <p>Amount 9 0 0 0 0</p>
<p>B. Full Name of Donor John P. Wheatley</p> <p>Mailing Address of Donor 1730 Thorp Cemetery Road</p> <p>City State Zip Thorp WA 98946</p>	<p>Date of Receipt M M D D Y Y Y Y 0 9 1 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Kenneth C Whitener Jr</p> <p>Mailing Address of Donor 400 East Ohio Street #1702</p> <p>City State Zip Chicago IL 60611</p>	<p>Date of Receipt M M D D Y Y Y Y 0 9 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Kenneth C Whitener Jr</p> <p>Mailing Address of Donor 400 East Ohio Street #1702</p> <p>City State Zip Chicago IL 60611</p>	<p>Date of Receipt M M D D Y Y Y Y 0 9 1 1 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor Robert Wilcox</p> <p>Mailing Address of Donor 12329 Henderson Road</p> <p>City State Zip Clifton VA 20124</p>	<p>Date of Receipt M M D D Y Y Y Y 0 9 1 0 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 3 4 0 0 0 0</p> <p>TOTAL This Period (last page this line number only) ▶ 3 7 1 7 5 0 0 0 (carry total from last page to Line B)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert Wilcox</p> <p>Mailing Address of Donor 12329 Henderson Road</p> <p>City State Zip Clifton VA 20124</p>	<p>Date of Receipt 0 9 - 1 9 - 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Mark Winters</p> <p>Mailing Address of Donor P. O. Box 8123</p> <p>City State Zip Klamath Falls OR 97602</p>	<p>Date of Receipt 0 9 - 1 5 - 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Mark Winters</p> <p>Mailing Address of Donor P. O. Box 8123</p> <p>City State Zip Klamath Falls OR 97602</p>	<p>Date of Receipt 0 9 - 0 1 - 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>D. Full Name of Donor Mark Winters</p> <p>Mailing Address of Donor P. O. Box 8123</p> <p>City State Zip Klamath Falls OR 97602</p>	<p>Date of Receipt 0 9 - 0 3 - 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor Melissa Wisen</p> <p>Mailing Address of Donor 203 Baintree Rd</p> <p>City State Zip Moon Township PA 15108</p>	<p>Date of Receipt 0 9 - 1 0 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 2 6 0 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 3 7 4 3 5 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Melissa Wisen		Date of Receipt M M Y Y 0 8 1 5 2 0 0 4	
Mailing Address of Donor 203 Baintree Rd		Amount , 5 0 0 . 0 0	
City Moon Township	State PA	Zip 15108	
B. Full Name of Donor Randall Wolcott		Date of Receipt M M Y Y 0 8 1 0 2 0 0 4	
Mailing Address of Donor 2002 Oxford Ave		Amount , 5 0 0 . 0 0	
City Lubbock	State TX	Zip 79410	
C. Full Name of Donor James Wolfram		Date of Receipt M M Y Y 0 8 1 0 2 0 0 4	
Mailing Address of Donor 212 Canyon Drive		Amount , 1 0 0 0 . 0 0	
City Las Vegas	State NV	Zip 89107	
D. Full Name of Donor Joel Wood		Date of Receipt M M Y Y 0 8 1 5 2 0 0 4	
Mailing Address of Donor 3 West Woodlawn Drive		Amount , 1 0 0 0 . 0 0	
City Destrehan	State LA	Zip 70047	
E. Full Name of Donor Julian R. Yowmans		Date of Receipt M M Y Y 0 8 1 4 2 0 0 4	
Mailing Address of Donor 44124 Grenview Drive		Amount , 1 0 0 0 . 0 0	
City El Macero	State CA	Zip 95618	
SUBTOTAL of Donations This Page (optional)		, 4 0 0 0 . 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)		, 3 7 8 3 5 0 . 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Kathryn Zirkle</p> <p>Mailing Address of Donor P.O. Box 11085</p> <p>City State Zip Truckee CA 96162</p>	<p>Date of Receipt 09 14 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) 1,000.00</p> <p>TOTAL This Period (last page this line number only) 3,793.50 (copy total from last page to Line 9)</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee Chris LaCivita Consulting</p> <p>Mailing Address of Payee 13604 Timberlake Court</p> <p>City Midlothian State VA Zip Code 23311</p> <p>Name of Employer _____ Occupation _____</p>	<p>Date of Disbursement or Obligation 08 31 2004</p> <p>Amount 3,333.00</p> <p>Communication Date 09 10 2004</p>
---	---

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

Media Copywriting & Production

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

<p>B. Full Name (Last, First, Middle Initial) of Payee KLAS-TV</p> <p>Mailing Address of Payee 3228 Channel 8 Drive</p> <p>City Las Vegas State NV Zip Code 89109</p> <p>Name of Employer _____ Occupation _____</p>	<p>Date of Disbursement or Obligation 09 15 2004</p> <p>Amount 50,213.75</p> <p>Communication Date 08 17 2004</p>
--	--

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

Media Buy

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
John F. Kerry	<input checked="" type="checkbox"/> President	<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	<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:	<input type="checkbox"/> House	State: _____	<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)	53,546.75
TOTAL This Period (last page this line number only)	53,546.75
(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 Mentzer Media Services, Inc. <hr/> Mailing Address of Payee 600 Fairmont Avenue, Suite 308 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Towson</td> <td>MD</td> <td>21286</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Name of Employer</td> <td style="width:50%;">Occupation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	City	State	Zip Code	Towson	MD	21286	Name of Employer	Occupation			Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4 <hr/> Amount , 8 6 6 1 . 2 5 <hr/> Communication Date 0 9 / 1 7 / 2 0 0 4
City	State	Zip Code									
Towson	MD	21286									
Name of Employer	Occupation										

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

Media Commission

Name of Federal Candidate	Office Sought	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
John F. Kerry	<input checked="" type="checkbox"/>	<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought	<input type="checkbox"/> 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	<input type="checkbox"/> 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 KTNV-TV <hr/> Mailing Address of Payee 3355 South Valley View Blvd <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Las Vegas</td> <td>NV</td> <td>89102</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Name of Employer</td> <td style="width:50%;">Occupation</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	City	State	Zip Code	Las Vegas	NV	89102	Name of Employer	Occupation			Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4 <hr/> Amount , 2 3 2 2 8 . 3 7 <hr/> Communication Date 0 9 / 1 7 / 2 0 0 4
City	State	Zip Code									
Las Vegas	NV	89102									
Name of Employer	Occupation										

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

Media Buy

Name of Federal Candidate	Office Sought	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
John F. Kerry	<input checked="" type="checkbox"/>	<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought	<input type="checkbox"/> 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	<input type="checkbox"/> 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) ▶ , 3 2 , 0 8 9 . 6 2

TOTAL This Period (last page fills this number only) ▶ , 8 6 6 3 6 . 3 7
 (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 Mentzer Media Services, Inc.			Date of Disbursement or Obligation M O Y 0 9 1 5 2 0 0 4	
Mailing Address of Payee 600 Fairmont Avenue, Suite 306			Amount , 4,0 9 9 1 3	
City Towson	State MD	Zip Code 21286	Communication Date M O Y 0 9 1 7 2 0 0 4	
Name of Employer Occupation				

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

Media Commission

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

B. Full Name (Last, First, Middle Initial) of Payee KVBC-TV			Date of Disbursement or Obligation M O Y 0 9 1 5 2 0 0 4	
Mailing Address of Payee 1500 Foremaster Lane			Amount , 5 0,7 9 1,7 5	
City Las Vegas	State NV	Zip Code 89101	Communication Date M O Y 0 9 1 7 2 0 0 4	
Name of Employer Occupation				

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

Media Buy

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

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.				Date of Disbursement or Obligation 0 8 / 1 5 / 2 0 0 4			
Mailing Address of Payee 600 Fairmont Avenue, Suite 306				Amount 8,9 6 3.2 5			
City Towson	State MD	Zip Code 21286		Communication Date 0 8 / 1 7 / 2 0 0 4			
Name of Employer Occupation							
Purpose of Disbursement (Including title(s) of communication(s)) Media Commission							
Name of Federal Candidate John F. Kerry		Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Name of Federal Candidate		Office Sought	State District	Disbursement/Obligation For			
Name of Federal Candidate		Office Sought	State District	Disbursement/Obligation For			
B. Full Name (Last, First, Middle Initial) of Payee KVVU-TV				Date of Disbursement or Obligation 0 8 / 1 5 / 2 0 0 4			
Mailing Address of Payee 25 TV 5 Drive				Amount 1 3,6 3 7.1 9			
City Henderson	State NV	Zip Code 89104		Communication Date 0 8 / 1 7 / 2 0 0 4			
Name of Employer Occupation							
Purpose of Disbursement (Including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Name of Federal Candidate		Office Sought	State District	Disbursement/Obligation For			
Name of Federal Candidate		Office Sought	State District	Disbursement/Obligation For			
SUBTOTAL of Disbursements/Obligations This Page (optional)				2 2,6 0 0.4 4			
TOTAL This Period (Last page this line number only) (carry total from last page to Line 10)				1 8,3 1 2 7.6 9			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.				Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4	
Mailing Address of Payee 600 Fairmont Avenue, Suite 306				Amount 2,406.56	
City	State	Zip Code		Communication Date	
Towson	MD	21286		0 9 / 1 7 / 2 0 0 4	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Media Commission					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
John F. Kerry	<input checked="" type="checkbox"/>	Senate	District	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
				<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate Office Sought House State Disbursement/Obligation For					
Name of Federal Candidate Office Sought Senate District Disbursement/Obligation For					
Name of Federal Candidate Office Sought President District Disbursement/Obligation For					
B. Full Name (Last, First, Middle Initial) of Payee KOLO-TV				Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4	
Mailing Address of Payee 4850 Ampere Drive				Amount 2,303.30	
City	State	Zip Code		Communication Date	
Reno	NV	89502		0 9 / 1 7 / 2 0 0 4	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
John F. Kerry	<input checked="" type="checkbox"/>	Senate	District	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
				<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate Office Sought House State Disbursement/Obligation For					
Name of Federal Candidate Office Sought Senate District Disbursement/Obligation For					
Name of Federal Candidate Office Sought President District Disbursement/Obligation For					
SUBTOTAL of Disbursements/Obligations This Page (optional)				2,543.86	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				1,885,675.5	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

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

Mentzer Media Services, Inc.

Mailing Address of Payee

600 Fairmont Avenue, Suite 306

City

TOWSON

State

MD

Zip Code

21286

Name of Employer

Occupation

Date of Disbursement or Obligation

0 9 1 5 2 0 0 4

Amount

4,084.70

Communication Date

0 9 1 7 2 0 0 4

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

Media Commission

Name of Federal Candidate

John F. Kerry

Office Sought

House
 Senate
 President

State: _____

District: _____

Disbursement/Obligation For:

Primary General
 Other (specify) _____

Name of Federal Candidate

Office Sought

House
 Senate
 President

State: _____

District: _____

Disbursement/Obligation For:

Primary General
 Other (specify) _____

Name of Federal Candidate

Office Sought

House
 Senate
 President

State: _____

District: _____

Disbursement/Obligation For:

Primary General
 Other (specify) _____

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

KRNV-TV

Mailing Address of Payee

1790 Vassar Street

City

Reno

State

NV

Zip Code

89510

Name of Employer

Occupation

Date of Disbursement or Obligation

0 9 1 5 2 0 0 4

Amount

1,177.07

Communication Date

0 9 1 7 2 0 0 4

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

Media Buy

Name of Federal Candidate

John F. Kerry

Office Sought

House
 Senate
 President

State: _____

District: _____

Disbursement/Obligation For:

Primary General
 Other (specify) _____

Name of Federal Candidate

Office Sought

House
 Senate
 President

State: _____

District: _____

Disbursement/Obligation For:

Primary General
 Other (specify) _____

Name of Federal Candidate

Office Sought

House
 Senate
 President

State: _____

District: _____

Disbursement/Obligation For:

Primary General
 Other (specify) _____

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

1 5 2 4 1 7 7

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

2 0 3 8 0 9 3 2

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mantzer Media Services, Inc.				Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4			
Mailing Address of Payee 600 Fairmont Avenue, Suite 306				Amount 1,9 7 2.4 5			
City Towson		State MD		Zip Code 21286			
Name of Employer Occupation				Communication Date 0 9 / 1 7 / 2 0 0 4			
Purpose of Disbursement (including title(s) of communication(s)) Media Commission							
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
B. Full Name (Last, First, Middle Initial) of Payee KRXI-TV				Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4			
Mailing Address of Payee 4920 Brookside Court				Amount 3,0 3 4.5 0			
City Reno		State NV		Zip Code 89502			
Name of Employer Occupation				Communication Date 0 9 / 1 7 / 2 0 0 4			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____							
SUBTOTAL of Disbursements/Obligations This Page (optional)				5,0 0 6.9 3			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				2,0 8 8 1 6 2 5			

SCHEDULE D-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.				Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4			
Mailing Address of Payee 600 Fairmont Avenue, Suite 306				Amount 5 3 5 5 0			
City Towson	State MD	Zip Code 21286		Communication Date 0 9 / 1 7 / 2 0 0 4			
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Media Commission							
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District:	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
Name of Federal Candidate	Office Sought	State District:	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
Name of Federal Candidate	Office Sought	State District:	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
B. Full Name (Last, First, Middle Initial) of Payee KTVN-TV				Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4			
Mailing Address of Payee 4925 Energy Way				Amount 1 1 3 1 7 9 6			
City Reno	State NV	Zip Code 89502		Communication Date 0 9 / 1 7 / 2 0 0 4			
Name of Employer Occupation							
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate John F. Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State District:	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
Name of Federal Candidate	Office Sought	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)				1 1 8 5 3 4 8			
TOTAL This Period (last page the one number only) (carry total from last page to Line 10)				2 2 0 6 6 9 7 1			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payer Menzzer Media Services, Inc.			Date of Disbursement or Obligation 0 9 1 5 2 0 0 4		
Mailing Address of Payer 600 Fairmont Avenue, Suite 306			Amount 1,997.29		
City Towson	State MD	Zip Code 21286	Communication Date 0 9 1 7 2 0 0 4		
Name of Employer Occupation					

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

Media Commission

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

B. Full Name (Last, First, Middle Initial) of Payer KOAT-TV			Date of Disbursement or Obligation 0 9 1 5 2 0 0 4		
Mailing Address of Payer 3801 Carlisle NE			Amount 2,277.68		
City Albuquerque	State NM	Zip Code 87125	Communication Date 0 9 1 7 2 0 0 4		
Name of Employer Occupation					

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

Media Buy

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

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

2 4 7 7 4 1 0

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

2 4 5 4 4 3 8 1

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.				Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4	
Mailing Address of Payee 600 Fairmont Avenue, Suite 306				Amount 4,019.44	
City TOWSON	State MD	Zip Code 21286		Communication Date 0 9 / 1 7 / 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Commission					
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought	House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought	House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee KOB-TV				Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4	
Mailing Address of Payee 4 Broadcast Plaza SW				Amount 1,976.37	
City Albuquerque	State NM	Zip Code 87103		Communication Date 0 9 / 1 7 / 2 0 0 4	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought	House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought	House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				2,377.81	
TOTAL This Period (last page the five number only) (carry total from last page to line 10)				2,592.2362	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.			Date of Disbursement or Obligation 09 16 2004	
Mailing Address of Payee 600 Fairmont Avenue, Suite 306			Amount 3,487.13	
City Towson	State MD	Zip Code 21286		
Name of Employer Occupation				

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

Media Commission

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

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

KRQE-TV

Mailing Address of Payee 13 Broadcast Plaza SW			Date of Disbursement or Obligation 09 16 2004	
City Albuquerque	State NM	Zip Code 87103		
Name of Employer Occupation			Communication Date 09 17 2004	

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

Media Buy

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

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

3,618.25

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

3,054.38

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.				Date of Disbursement or Obligation 0 9 / 1 5 - 2 0 0 4	
Mailing Address of Payee 600 Fairmont Avenue, Suite 306				Amount 5,769.38	
City Towson	State MD	Zip Code 21286		Communication Date 0 8 / 1 7 - 2 0 0 4	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Media Commission					
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
B. Full Name (Last, First, Middle Initial) of Payee KASA-TV				Date of Disbursement or Obligation 0 9 / 1 5 - 2 0 0 4	
Mailing Address of Payee 1377 University Blvd NE				Amount 2,655.19	
City Albuquerque	State NM	Zip Code 87103		Communication Date	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Name of Federal Candidate	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
SUBTOTAL of Disbursements/Obligations This Page (optional)				8,424.57	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				3,138.2844	

SCHEDULE 2-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.			Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4	
Mailing Address of Payee 600 Fairmont Avenue, Suite 306			Amount 4 6 8 5 8	
City TOWSON	State MD	Zip Code 21286	Communication Date 0 9 / 1 7 / 2 0 0 4	
Name of Employer			Occupation	

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

Media Commission

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

B. Full Name (Last, First, Middle Initial) of Payee Stevens Reed Curcio & Potholm			Date of Disbursement or Obligation 0 9 / 1 5 / 2 0 0 4	
Mailing Address of Payee 305 Cameron Street			Amount 1 1 9 1 3 0 0	
City Alexandria	State VA	Zip Code 22314	Communication Date 0 9 / 1 7 / 2 0 0 4	
Name of Employer			Occupation	

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

Media Production/Post

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

SUBTOTAL of Disbursements/Obligations This Page (optional) _____ ▶	1 2 3 8 1 5 6
TOTAL This Period (last page into this number only) _____ ▶ (carry total from last page to line 10)	3 2 6 2 1 0 0 0

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

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed. Exp.</i>	Shipping Date <i>11-17-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jm W</i> PREPARER	<i>11-18-04</i> DATE PREPARED