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
Save American Medicine

(b) Address (number and street) ☐ check if different than previously reported
2150 S. 1300 E. Ste 500

(c) City, State and ZIP Code
Salt Lake City UT 84105-

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

2. FEC Identification Number
C C00000000

3. Is This Statement ☐ New or ☒ Amended

4. Covering Period MM 10 / DD 01 / YYYY 2004 through MM 10 / DD 15 / YYYY 2004

5. (a) Date of Public Distribution(s) MM 10 / DD 15 / YYYY 2004 **(b) Communication Title** Save American Medicine

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? Yes ☐ No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes ☒ No ☐

8. Custodian of Records

(a) Name
Stanley R. de Waal

(b) Address (number and street)
175 South Main Street, Suite 650

(c) City, State and ZIP Code
Salt Lake City UT 84101

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

9. Total Donations This Statement 1000200.00

10. Total Disbursements/Obligations This Statement 633948.99

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 Stanley R. de Waal

SIGNATURE _____ DATE 02/14/2005

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

FE3AN008 FEC FORM 9 (REV. 01/03)

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

Jack Byrne

Mailing Address of Donor
10942 Lostwood

City	State	Zip
Sandy	UT	84092-

Date of Receipt: 10 / 06 / 2004

Amount: 500000.00

Transaction ID : 1014200455C1

B. Full Name of Donor

Patrick Byrne

Mailing Address of Donor
10942 Lostwood

City	State	Zip
Sandy	UT	84092-

Date of Receipt: 10 / 06 / 2004

Amount: 500000.00

Transaction ID : 1014200455C2

C. Full Name of Donor

Chuck Warren

Mailing Address of Donor
634 Duck Creek Circle

City	State	Zip
Salt Lake City	UT	84107-

Date of Receipt: 10 / 04 / 2004

Amount: 200.00

Transaction ID : 1014200455C3

SUBTOTAL of Donations This Page (optional)	1000200.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	1000200.00

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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

Mailing Address of Payee
attn: Joe Evans 11 Broadcast Plaza

City: Huntcoin | State: WV | Zip Code: 25526-

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 12 / YYYY 2004

Amount: 901.75

Communication Date: MM / DD / YYYY

Transaction ID: 1014200455E1

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards | Office Sought: Vice President | House / Senate / President | State: | District: | Disbursement/Obligation For: Primary / [X] 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
WRAL

Mailing Address of Payee
2619 Western Blvd.

City: Raleigh | State: NC | Zip Code: 27606-2125

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 12 / YYYY 2004

Amount: 11687.50

Communication Date: MM / DD / YYYY

Transaction ID: 1014200455E2

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards | Office Sought: Vice President | House / Senate / President | State: | District: | Disbursement/Obligation For: Primary / [X] General / Other (specify)

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 12588.25

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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

Date of Disbursement or Obligation: M 10 D 12 Y 2004

Mailing Address of Payee
1901 N Tryon Street

Amount: 10540.00

City: Charlotte | State: NC | Zip Code: 28206-

Communication Date: M D Y

Name of Employer | Occupation

Transaction ID : 10142004556

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [x] 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
NCC

Date of Disbursement or Obligation: M 10 D 12 Y 2004

Mailing Address of Payee
National Cable Communications 350 Indiana Street, Suite 630

Amount: 332071.35

City: Golden | State: CO | Zip Code: 80401-

Communication Date: M D Y

Name of Employer | Occupation

Transaction ID : 10142004554

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [x] General [ ] Other (specify)

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 343511.35

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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

Mailing Address of Payee
Attn: Joe Evans 1301 Piedmont Road

City: Charleston | State: WV | Zip Code: 25301-

Name of Employer | Occupation

Date of Disbursement or Obligation: M M 10 / D D 12 / Y Y Y Y 2004

Amount: 6603.75

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 1014200455E5

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President
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
KMTR-TV

Mailing Address of Payee
Attn: Yvonne Vallecillo 1550 Moffett Street

City: Salinas | State: CA | Zip Code: 93905-

Name of Employer | Occupation

Date of Disbursement or Obligation: M M 10 / D D 12 / Y Y Y Y 2004

Amount: 10846.00

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 1014200455E5

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President
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 Disbursement/Obligation This Page (optional) 17539.75

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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

Mailing Address of Payee
2875 Chad Drive

City | State: OR | Zip Code: 97408-

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 12 / YYYY 2004

Amount: 20816.75

Communication Date: MM / DD / YYYY

Transaction ID: 101420040357

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President
☐ 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
KOLO-TV

Mailing Address of Payee
4550 Ampere Drive

City: Reno | State: NV | Zip Code: 89502-

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 12 / YYYY 2004

Amount: 5355.00

Communication Date: MM / DD / YYYY

Transaction ID: 101420045568

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President
☐ 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 Disbursement/Obligation This Page (optional) 25971.75

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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

Mailing Address of Payee
Attn: Roz Smith 3355 S. Valley View Blvd.

City	State	Zip Code
Las Vegas	NV	89102-

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 12 / YYYY 2004

Amount: 7620.00

Communication Date: MM / DD / YYYY

Transaction ID: 101420045569

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President
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
WCNC-TV

Mailing Address of Payee
Attn: Joe Barcelo 1001 Wood Ridge Center Drive

City	State	Zip Code
Charlotte	NC	28217-1901

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 12 / YYYY 2004

Amount: 5325.00

Communication Date: MM / DD / YYYY

Transaction ID: 101420045610

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President
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 Disbursement/Obligation This Page (optional) 13345.00

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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

Mailing Address of Payee
Attn: Mark Handwerger 1501 SW Jefferson STreet

City: | State: OR | Zip Code: 97201-

Name of Employer | Occupation

Date of Disbursement or Obligation: M 10 / D 12 / Y 2004

Amount: 6668.75

Communication Date: M / D / Y

Transaction ID : 1014200456E11

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: [ ] House [ ] Senate [ ] President [x] Vice President
State: | District:
Disbursement/Obligation For: [ ] Primary [x] 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
KLAS-TV

Mailing Address of Payee
Attn: Tamara Chase 3129 Channel 8 Drive

City: Las Vegas | State: NV | Zip Code: 89109-

Name of Employer | Occupation

Date of Disbursement or Obligation: M 10 / D 12 / Y 2004

Amount: 14975.00

Communication Date: M / D / Y

Transaction ID : 1014200455E12

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: [ ] House [ ] Senate [ ] President [x] Vice President
State: | District:
Disbursement/Obligation For: [ ] Primary [x] General [ ] Other (specify)

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 23643.75

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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

Mailing Address of Payee
7373 W. Lake Mead Blvd. #100

City: Las Vegas | State: NV | Zip Code: 89128-

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 15 / 2004

Amount: 3000.00

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 1016200429E17

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President — [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [x] 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
Image and Design

Mailing Address of Payee
7473 West Lake Mead Blvd. #100

City: Las Vegas | State: NV | Zip Code: 89128-

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 15 / 2004

Amount: 4912.00

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 1015200429E18

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President — [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [x] General [ ] Other (specify)

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 7912.00

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

FEC FORM 9 (REV. 02/2003)

FE3AN053

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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

Mailing Address of Payee
Attn: Jeff Kuhn 100 S. Commercial Street

City: Manchester | State: NH | Zip Code: 03101-

Name of Employer | Occupation

Date of Disbursement or Obligation: M 10 / D 15 / Y 2004

Amount: 13345.00

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 10152004290519

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President — [ ] House [ ] Senate [ ] President; State: ; District:
Disbursement/Obligation For: [ ] Primary [x] 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

Mailing Address of Payee
Attn: Accounts Receivable 1790 Vassar Street

City: Reno | State: NV | Zip Code: 89502-

Name of Employer | Occupation

Date of Disbursement or Obligation: M 10 / D 15 / Y 2004

Amount: 13198.25

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 10152004290520

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President — [ ] House [ ] Senate [ ] President; State: ; District:
Disbursement/Obligation For: [ ] Primary [x] 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/Obligation This Page (optional): 26543.25

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

FEC FORM 9 (REV. 02/2003)

FE3NN035

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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

Mailing Address of Payee
Attn: Accounts Receivable 1500 Foremaster Lane

City: Las Vegas | State: NV | Zip Code: 89101-

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 15 / YYYY 2004

Amount: 51765.00

Communication Date: MM / DD / YYYY

Transaction ID: 1015200429E21

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President
[ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [x] 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
KATU

Mailing Address of Payee
2153 NE Sandy Blvd.

City | State: OR | Zip Code: 97232-

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 15 / YYYY 2004

Amount: 11453.75

Communication Date: MM / DD / YYYY

Transaction ID: 1015200429E22

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President
[ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [x] General [ ] Other (specify) ____

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 63218.75

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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

Mailing Address of Payee
1160 E. Wilmington Ave. Suite 30

City: Salt Lake City | State: UT | Zip Code: 84106-

Name of Employer | Occupation

Date of Disbursement or Obligation: M M 10 / D D 15 / Y Y Y Y 2004

Amount: 2975.00

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 1015200429E23

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards | Office Sought: Vice President | 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
Bell, McAndrews & Hiltachk, LLP

Mailing Address of Payee
455 Capitol Mall, Suite 801

City: Sacramento | State: CA | Zip Code: 95814-

Name of Employer | Occupation

Date of Disbursement or Obligation: M M 10 / D D 08 / Y Y Y Y 2004

Amount: 20000.00

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 56214.538

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

Name of Federal Candidate: John Edwards | Office Sought: Vice President | 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 Disbursement/Obligation This Page (optional) 22975.00

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

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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

Mailing Address of Payee
10942 S Lookwood Dr

City: Sandy | State: UT | Zip Code: 84092-

Name of Employer | Occupation

Date of Disbursement or Obligation: M 10 / D 09 / Y 2004

Amount: 30000.00

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 50214.E36

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

Name of Federal Candidate: John Edwards
Office Sought: [ ] House [ ] Senate [X] President (Vice President)
State: District:
Disbursement/Obligation For: [ ] Primary [X] 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
Info USA

Mailing Address of Payee
5711 S 86th Circle

City: Omaha | State: NE | Zip Code: 68127-

Name of Employer | Occupation

Date of Disbursement or Obligation: M 10 / D 09 / Y 2004

Amount: 5942.79

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 50214.E37

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

Name of Federal Candidate: John Edwards
Office Sought: [ ] House [ ] Senate [X] President (Vice President)
State: District:
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 35942.79

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

FEC FORM 9 (REV. 02/2003)

FE3AN024

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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

Mailing Address of Payee
1101 Pennsylvania Ave, Sixth Floor

City: Washington | State: DC | Zip Code: 20004-2514

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 09 / 2004

Amount: 3500.00

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 50214 E38

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

Name of Federal Candidate: John Edwards
Office Sought: Vice President
☐ 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
KOLO-ABC

Mailing Address of Payee
Attn: Accounts Receivable 4850 Ampere Drive

City: Reno | State: NV | Zip Code: 89502-

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 14 / 2004

Amount: 10561.25

Communication Date: M M / D D / Y Y Y Y

Transaction ID: 10142004SSE13

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President
☐ 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 Disbursement/Obligation This Page (optional) 14561.25

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

FEC FORM 9 (REV. 02/2003)

F53AN038

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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

Mailing Address of Payee
Attn: Greg Flock 14975 NW Greenbrier Pky

City | State: OR | Zip Code: 97006-

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 14 / 2004

Amount: 8840.00

Communication Date: MM / DD / YYYY

Transaction ID: 1014200455E16

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President
House / Senate / President
State: ____ District: ____
Disbursement/Obligation For: Primary / X 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
KTVN-CBS

Mailing Address of Payee
Attn: Sharon Farque 4525 Energy WAy

City: Reno | State: NV | Zip Code: 89502-

Name of Employer | Occupation

Date of Disbursement or Obligation: 10 / 14 / 2004

Amount: 8787.50

Communication Date: MM / DD / YYYY

Transaction ID: 1014200455E14

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

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

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 17627.50

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

FEC FORM 9 (REV. 02/2003)

FE3AN098

SCHEDULE 9-B
Disbursement(s) Made or Obligations

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

Mailing Address of Payee
Attn: Lisa McGuffey 555 Fifth Avenue

City: Huntington | State: WV | Zip Code: 25701-

Name of Employer | Occupation

Date of Disbursement or Obligation: MM 10 / DD 14 / YYYY 2004

Amount: 6457.50

Communication Date: MM / DD / YYYY

Transaction ID: 1014200455E15

Purpose of Disbursement (including title(s) of communication(s))
ADVERTISING-SAVE AMERICAN MEDICINE

Name of Federal Candidate: John Edwards
Office Sought: Vice President
[ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [x] General [ ] Other (specify)

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

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

SUBTOTAL of Disbursement/Obligation This Page (optional) 6457.50

TOTAL This Period (last page this line number only) 633946.89
(carry total from last page to line 10)

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.

Date of Receipt

☐ Hand Delivered

Postmarked

☐ USPS First Class Mail

Postmarked (R/C)

☐ USPS Registered/Certified

Postmarked

☐ USPS Priority Mail

Delivery Confirmation ™ Label ☐

Postmarked

☐ USPS Express Mail

☐ Postmark Illegible

☐ No Postmark

Shipping Date

☐ Overnight Delivery Service (Specify):

Date of Receipt

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt or Postmarked

☒ Other (Specify):

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
PREPARER

N/A
DATE PREPARED

(5/2004)