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)