

Americans United to Preserve Marriage

FAX COVER SHEET

TO: FEDERAL ELECTRON COMMISSION

DATE: 10/22/04

FAX: 202-219-0174

FROM: DORIE BLACK

NUMBER OF PAGES (including cover): 5

MESSAGE: REPORT ATTACHED

2800 Shirlington Rd., #930, Arlington, VA 22206
Phone: 703-671-8800 Fax: 703-671-8899

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: AMERICANS UNITED TO PRESERVE MARRIAGE

(b) Address (number and street) check if different than previously reported
2800 SHIRLINGTON RD # 930

(c) City, State and ZIP Code
ARLINGTON, VA 22206

(d) Name of Employer or Principal Place of Business
N/A

(e) Occupation
N/A

2. FEC Identification Number
C

3. Is This Statement New or Amended

4. Covering Period 10 19 2004 through 10 22 2004

5. (a) Date of Public Distribution(s) 10 22 2004 (b) Communication Title THE POLICE & FAITH

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 GARY L. BAUER

(b) Address (number and street)
2800 SHIRLINGTON RD, # 930

(c) City, State and ZIP Code
ARLINGTON, VA 22206

(d) Name of Employer or Principal Place of Business
AMERICANS UNITED TO PRESERVE MARRIAGE


(e) Occupation
PRESIDENT

9. Total Donations This Statement 250,000.00

10. Total Disbursements/Obligations This Statement 179,810.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM DORIE BLACK

SIGNATURE  DATE 10/22/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 20 U.S.C. 8257g.

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name GARY L BAKER
 (b) Address (number and street) 2800 SHIRLINGTON RD # 930
 (c) City, State and ZIP Code ARLINGTON, VA 22204
 (d) Name of Employer or Principal Place of Business AMERICANS UNITED TO PRESERVE MARRIAGE (e) Occupation PRESIDENT

B. (a) Name DORIE BLACK
 (b) Address (number and street) 2800 SHIRLINGTON RD, # 930
 (c) City, State and ZIP Code ARLINGTON, VA 22204
 (d) Name of Employer or Principal Place of Business AMERICANS UNITED TO PRESERVE MARRIAGE (e) Occupation TREAS/CONTROLLER

C. (a) Name _____
 (b) Address (number and street) _____
 (c) City, State and ZIP Code _____
 (d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

D. (a) Name _____
 (b) Address (number and street) _____
 (c) City, State and ZIP Code _____
 (d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

E. (a) Name _____
 (b) Address (number and street) _____
 (c) City, State and ZIP Code _____
 (d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

SCHEDULE 9-A

PAGE 1 OF 1

Donation(s) Received

<p>A. Full Name of Donor AUBREY McCLENDON</p> <p>Mailing Address of Donor P. O. BOX 18756</p> <p>City State Zip OKLAHOMA CITY OK</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 125,000.00</p>
<p>B. Full Name of Donor TOM WARD</p> <p>Mailing Address of Donor P.O. BOX 54525</p> <p>City State Zip OKLAHOMA CITY OK</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 125,000.00</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)</p>	<p>250,000.00</p>
<p>TOTAL This Period (See page 916 for number only) (carry total from last page to Line B)</p>	<p>250,000.00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

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

Mailing Address of Payee
P.O. BOX 317-200 W. JEFFERSON

City **State** **Zip Code**
MARSHFIELD MO 65706

Name of Employer **Occupation**
N/A N/A

Date of Disbursement or Obligation
10 22 2004

Amount
179,810.00

Communication Date
10 22 2004

Purpose of Disbursement (including title(s) of communication(s))
MEDIA BUY THE BLADE / FAITH

Name of Federal Candidate **Office Sought** **House** **State** **DK** **Disbursement/Obligation For:**
 Primary General
 Other (specify) _____

Senate **District:** _____

President

Name of Federal Candidate **Office Sought** **House** **State:** _____ **Disbursement/Obligation For:**
 Primary General
 Other (specify) _____

Senate **District:** _____

President

Name of Federal Candidate **Office Sought** **House** **State:** _____ **Disbursement/Obligation For:**
 Primary General
 Other (specify) _____

Senate **District:** _____

President

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

Mailing Address of Payee

City **State** **Zip Code**

Name of Employer **Occupation**

Date of Disbursement or Obligation

Amount

Communication Date

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

Name of Federal Candidate **Office Sought** **House** **State:** _____ **Disbursement/Obligation For:**
 Primary General
 Other (specify) _____

Senate **District:** _____

President

Name of Federal Candidate **Office Sought** **House** **State:** _____ **Disbursement/Obligation For:**
 Primary General
 Other (specify) _____

Senate **District:** _____

President

Name of Federal Candidate **Office Sought** **House** **State:** _____ **Disbursement/Obligation For:**
 Primary General
 Other (specify) _____

Senate **District:** _____

President

SUBTOTAL of Disbursements/Obligations This Page (optional) **179,810.00**

TOTAL This Period (last page this line number only) **179,810.00**
 (copy 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.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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N/A
 PREPARER

N/A
 DATE PREPARED

(5/2004)