

# Americans United to Preserve Marriage

## FAX COVER SHEET

TO: FEDERAL ELECTION COMMISSION

DATE: 10/28/04

FAX: (202) 219-0174

FROM: DORIE BLACK

NUMBER OF PAGES (including cover): 5

MESSAGE: AMENDED 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: 0

3. Is This Statement  New  Amended

4. Covering Period: 10/14/2004 through 10/22/2004

5. (a) Date of Public Distribution(s): 10/22/2004 (b) Communication Title: THE BLADE/FAITH

6. Is the Filer a Qualified Nonprofit Corporation under 17 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 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: 376,000.00

10. Total Disbursements/Obligations This Statement: 198,707.01

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: 10/29/04

NOTE: Submission of false, erroneous or incomplete information may subject the person reporting the same to the penalties of 2 U.S.C. §437g

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 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

B. (a) Name DORIS BLACK  
 (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 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  
Donation(s) Received

<p>A. Full Name of Donor <b>AUBREY MCCLENDON</b></p> <p>Mailing Address of Donor <b>P.O. Box 18756</b></p> <p>City State Zip <b>OKLAHOMA CITY OK 73154</b></p>	<p>Date of Receipt <b>10 19 2004</b></p> <p>Amount <b>125,000.00</b></p>
<p>B. Full Name of Donor <b>AUBREY MCCLENDON</b></p> <p>Mailing Address of Donor <b>P.O. Box 18756</b></p> <p>City State Zip <b>OKLAHOMA CITY OK 73154</b></p>	<p>Date of Receipt <b>10 22 2004</b></p> <p>Amount <b>125,000.00</b></p>
<p>C. Full Name of Donor <b>TOM WARD</b></p> <p>Mailing Address of Donor <b>P.O. Box 54525</b></p> <p>City State Zip <b>OKLAHOMA CITY OK 73154</b></p>	<p>Date of Receipt <b>10 19 2004</b></p> <p>Amount <b>125,000.00</b></p>
<p>D. Full Name of Donor <b>CHARLES MORGAN</b></p> <p>Mailing Address of Donor <b>P.O. Box 76</b></p> <p>City State Zip <b>LECAWTO FL 34460</b></p>	<p>Date of Receipt <b>10 19 2004</b></p> <p>Amount <b>1,000.00</b></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><b>376,000.00</b></p>
<p>TOTAL This Period (see page 415 (use number only) (copy total from last page to Line 9)</p>	<p><b>376,000.00</b></p>

SCHEDULE 9-B

PAGE 1 OF 1

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>PATRICK MEDIA</b>		<b>Date of Disbursement or Obligation</b> <b>10 21 2004</b>	
<b>Mailing Address of Payee</b> <b>P.O. BOX 317-200 W. JEFFERSON</b>		<b>Amount</b> <b>1,79,810.00</b>	
<b>City</b> <b>MARSHFIELD</b>	<b>State</b> <b>MO</b>	<b>Zip Code</b> <b>65706</b>	<b>Communication Date</b> <b>10 22 2004</b>
<b>Name of Employer</b> <b>N/A</b>		<b>Occupation</b> <b>N/A</b>	
<b>Purpose of Disbursement (including date(s) of communication(s))</b> <b>MEDIA BUY THE BLADE/FAITH</b>			
<b>Name of Federal Candidate</b> <b>BRAD CARSON</b>	<b>Office Sought</b> <input checked="" type="checkbox"/> House	<b>State</b> <b>OK</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b> 	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> 	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b> 	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> 	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WARFIELD'S COMPANY</b>		<b>Date of Disbursement or Obligation</b> <b>10 22 2004</b>	
<b>Mailing Address of Payee</b> <b>3122 ROKEBY ROAD</b>		<b>Amount</b> <b>18,897.01</b>	
<b>City</b> <b>DELAFLANE</b>	<b>State</b> <b>VA</b>	<b>Zip Code</b> <b>20144</b>	<b>Communication Date</b> <b>10 22 2004</b>
<b>Name of Employer</b> <b>N/A</b>		<b>Occupation</b> <b>N/A</b>	
<b>Purpose of Disbursement (including date(s) of communication(s))</b> <b>PRODUCTION COSTS - THE BLADE/FAITH</b>			
<b>Name of Federal Candidate</b> <b>BRAD CARSON</b>	<b>Office Sought</b> <input checked="" type="checkbox"/> House	<b>State</b> <b>OK</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b> 	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> 	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b> 	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> 	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		<b>198,707.01</b>	
<b>TOTAL Tax Period (last page this line number only)</b> (carry over from last page to Line 10)		<b>198,707.01</b>	

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 type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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 checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>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.</p>	
N/A PREPARER (5/2004)	N/A DATE PREPARED