

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

REC'D
AUG 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 from previously reported

P.O. Box 26164

(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

0 4 2 3 2 0 0 4

through

0 9 0 9 2 0 0 4

5. (a) Date of Public Distribution(s)

0 9 0 4 2 0 0 4

(b) Communication Title

Media

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 26164

(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

1,907,785.00

10. Total Disbursements/Obligations This Statement

702,312.00

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

Weymouth D. Symmes

SIGNATURE

DATE 11/17/2004

NOTE: Submission of this document to the Commission constitutes the filer's agreement to the penalties of 2 U.S.C. §403g.

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 Clements O'Neill Florist	
C.	(a) Name Alvin A. Horne	(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 jared abruzzo</p> <p>Mailing Address of Donor 59 old niskayuna rd.</p> <p>City State Zip loudonville NY 12211</p>	<p>Date of Receipt Y M D 2 4 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>B. Full Name of Donor Roger Ackerman</p> <p>Mailing Address of Donor 10501 North Road</p> <p>City State Zip Corning NY 14830</p>	<p>Date of Receipt Y M D 2 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Henry L. Adams</p> <p>Mailing Address of Donor 1222 18th St. PO Box 085866</p> <p>City State Zip Racine WI 53408</p>	<p>Date of Receipt Y M D 3 4 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>D. Full Name of Donor Henry L. Adams</p> <p>Mailing Address of Donor 1222-18th St</p> <p>City State Zip Racine WI 53408</p>	<p>Date of Receipt Y M D 3 6 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Weston Adams</p> <p>Mailing Address of Donor 303 Saluda Avenue</p> <p>City State Zip Colubbia SC 29205</p>	<p>Date of Receipt Y M D 9 7 2 0 0 4</p> <p>Amount 2 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) 7 0 0 0 0 0</p> <p>TOTAL This Period (last page this line number only) 7 0 0 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Raymond Alford			Date of Receipt 08 31 2004	
Mailing Address of Donor PO Box 2061			Amount 1 0 0 0 0 0	
City Kilmarnock	State VA	Zip 22482		
B. Full Name of Donor Robert Alling			Date of Receipt 08 26 2004	
Mailing Address of Donor 4024 Derby Drive			Amount 1 0 0 0 0 0	
City Lakeland	State FL	Zip 33809		
C. Full Name of Donor Matthew Ambrose			Date of Receipt 08 26 2004	
Mailing Address of Donor 30409 NE 183rd St.			Amount 1 0 0 0 0 0	
City Duvall	State WA	Zip 98019		
D. Full Name of Donor Fredrick Anderson			Date of Receipt 08 04 2004	
Mailing Address of Donor 100 Perquimans Drive			Amount 1 0 0 0 0 0	
City Raleigh	State NC	Zip 27609		
E. Full Name of Donor Travis Anderson			Date of Receipt 08 25 2004	
Mailing Address of Donor 14 Perry Street			Amount 2 5 0 0 0 0	
City morristown	State NJ	Zip 07960		
SUBTOTAL of Donations This Page (optional)			6 5 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			1 3 5 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Travis K. Anderson</p> <hr/> <p>Mailing Address of Donor Sand Spring Ln</p> <hr/> <p>City State Zip Morristown NJ 07960</p>	<p>Date of Receipt 0 9 0 7 2 0 0 4</p> <p>Amount 3 0 0 0 0 0</p>
<p>B. Full Name of Donor Travis K. Anderson</p> <hr/> <p>Mailing Address of Donor Sand Spring Ln</p> <hr/> <p>City State Zip Morristown NJ 07960</p>	<p>Date of Receipt 0 9 0 7 2 0 0 4</p> <p>Amount 3 0 0 0 0 0</p>
<p>C. Full Name of Donor SUE ANDREWS</p> <hr/> <p>Mailing Address of Donor 2213 ROSEMEAD BLVD</p> <hr/> <p>City State Zip SOUTH ELMONTE CA 91733</p>	<p>Date of Receipt 0 8 2 4 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor Al Augustini</p> <hr/> <p>Mailing Address of Donor 523 W. 6th St, Ste. 300</p> <hr/> <p>City State Zip Los Angeles CA 90014</p>	<p>Date of Receipt 0 8 2 0 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>E. Full Name of Donor Brian Avery</p> <hr/> <p>Mailing Address of Donor 130 East Dana Street</p> <hr/> <p>City State Zip Mountain View CA 94041</p>	<p>Date of Receipt 0 8 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 1 2 0 0 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 2 5 5 0 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Bruce A. Bachman</p> <p>Mailing Address of Donor 17 Pheasants Rdg. S.</p> <p>City State Zip Wilmington DE 19807</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor WILLIAM BACHSCHMIDT</p> <p>Mailing Address of Donor PO BOX 1396</p> <p>City State Zip INGLIS FL 34449</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>C. Full Name of Donor John W. Ballantyne</p> <p>Mailing Address of Donor 825 N. Elmwood Drive</p> <p>City State Zip Santa Ana CA 92703</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Gary Bang</p> <p>Mailing Address of Donor 875-A Island Drive, #370</p> <p>City State Zip Alameda CA 94502</p>	<p>Date of Receipt 09 01 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>E. Full Name of Donor Rotchy Barker</p> <p>Mailing Address of Donor 40 Coutny Rd 2AC; P.O. 2080</p> <p>City State Zip Cody WY 82414</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 9 5 0 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 3 5 0 0 0 0 (carry over from last page to Line 9)</p>	

SCHEDULE 9-A

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Donation(s) Received

A. Full Name of Donor Lynne Barney			Date of Receipt 0 8 / 2 5 / 2 0 0 4		
Mailing Address of Donor 4528 Red Oak Lane			Amount 1 0 0 0 0 0		
City Long Grove	State IL	Zip 60047			
B. Full Name of Donor Stephen Barney			Date of Receipt 0 8 / 2 5 / 2 0 0 4		
Mailing Address of Donor 4528 Red Oak Lane			Amount 1 0 0 0 0 0		
City Long Grove	State IL	Zip 60047			
C. Full Name of Donor Terrence Barnich			Date of Receipt 0 8 / 2 5 / 2 0 0 4		
Mailing Address of Donor 12 S. Michigan Ave			Amount 1 0 0 0 0 0		
City Chicago	State IL	Zip 60603			
D. Full Name of Donor Terrence Barnich			Date of Receipt 0 8 / 2 5 / 2 0 0 4		
Mailing Address of Donor 12 S. Michigan Ave			Amount 2 5 0 0 0 0		
City Chicago	State IL	Zip 60603			
E. Full Name of Donor LEE A. BEAMAN			Date of Receipt 0 8 / 0 4 / 2 0 0 4		
Mailing Address of Donor 1525 BROADWAY			Amount 2 5 0 0 0 0		
City NASHVILLE	State TN	Zip 37203			
SUBTOTAL of Donations This Page (include)			7 1 0 0 0 0		
TOTAL This Period (last page this line number only) (carry over from last page to line 9)			4 2 1 0 0 0 0		

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Denise Bear <hr/> Mailing Address of Donor 130 Potato Road <hr/> City State Zip Carlisle PA 17013	Date of Receipt M M . D D . Y Y Y Y 0 9 . 0 2 . 2 0 0 4 Amount 1 0 0 0 . 0 0
B. Full Name of Donor Robert Behar <hr/> Mailing Address of Donor 5406 American Beauty Ct <hr/> City State Zip Houston TX 77041	Date of Receipt M M . D D . Y Y Y Y 0 8 . 2 5 . 2 0 0 4 Amount 1 0 0 0 . 0 0
C. Full Name of Donor frank benevento <hr/> Mailing Address of Donor 101 n.clematis ste 507 <hr/> City State Zip west palm beach FL 33401	Date of Receipt M M . D D . Y Y Y Y 0 8 . 2 0 . 2 0 0 4 Amount 2 5 0 0 . 0 0
D. Full Name of Donor Marc Benitez <hr/> Mailing Address of Donor 44450 Ocotillo Drive <hr/> City State Zip La Quinta CA 92253	Date of Receipt M M . D D . Y Y Y Y 0 8 . 2 0 . 2 0 0 4 Amount 1 0 0 0 . 0 0
E. Full Name of Donor Marc Benitez <hr/> Mailing Address of Donor 44450 Ocotillo Drive <hr/> City State Zip La Quinta CA 92253	Date of Receipt M M . D D . Y Y Y Y 0 8 . 2 7 . 2 0 0 4 Amount 1 0 0 0 . 0 0
SUBTOTAL of Donations This Page (optional) ▶	6 5 0 0 . 0 0
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 2)	4 9 6 0 0 . 0 0

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor Marc Benitez			Date of Receipt 08 08 2004	
Mailing Address of Donor 44450 Ocotillo Drive			Amount 1,000.00	
City La Quinta	State CA	Zip 92253		
B. Full Name of Donor Donald E. Benkert			Date of Receipt 08 07 2004	
Mailing Address of Donor 1234 Blair AVENUE			Amount 1,000.00	
City South Pasadena	State CA	Zip 91030		
C. Full Name of Donor David Bennett			Date of Receipt 08 28 2004	
Mailing Address of Donor 29759 Gleneagles Rd			Amount 1,000.00	
City Perrysburg	State OH	Zip 43551		
D. Full Name of Donor Richard Bennett			Date of Receipt 08 03 2004	
Mailing Address of Donor 1009 Kakagi CT			Amount 1,000.00	
City Lexington	State KY	Zip 40515		
E. Full Name of Donor Richard Bennett			Date of Receipt 08 21 2004	
Mailing Address of Donor 1009 Kakagi Ct			Amount 1,000.00	
City Lexington	State KY	Zip 40515		
GRAND TOTAL of Donations This Page (optional)			4,100.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			5,270.00	

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Blake Berteau Mailing Address of Donor 262 Morning Canyon Road City State Zip Corona del Mar CA 92625	Date of Receipt 08 20 2004 Amount 1,000.00
B. Full Name of Donor R.C. Billips Mailing Address of Donor P.O. Box 2666 City State Zip Pikeville KY 41502	Date of Receipt 08 07 2004 Amount 1,000.00
C. Full Name of Donor Norman Blake Mailing Address of Donor 11179 Estancia Way City State Zip Carmel IN 46032	Date of Receipt 08 28 2004 Amount 500.00
D. Full Name of Donor Norman Blake Mailing Address of Donor 11179 Estancia Way City State Zip Carmel IN 46032	Date of Receipt 08 09 2004 Amount 500.00
E. Full Name of Donor Pierce Bloom Mailing Address of Donor 3505 Mill Springs Rd City State Zip Birmingham AL 35223	Date of Receipt 08 10 2004 Amount 500.00
SUBTOTAL of Donations This Page (optional)	3,500.00
TOTAL This Period (last page this line number only) <small>(carry total from last page to Line 9)</small>	5,620.00

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Pierce Bloom</p> <hr/> <p>Mailing Address of Donor 3505 Mill Springs Rd</p> <hr/> <p>City State Zip Birmingham AL 35223</p>	<p>Date of Receipt 0 8 / 2 5 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor William Bode</p> <hr/> <p>Mailing Address of Donor 1601 N. Randolph Street</p> <hr/> <p>City State Zip Arlington VA 22207</p>	<p>Date of Receipt 0 8 / 2 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor judi boisson</p> <hr/> <p>Mailing Address of Donor god bless you all and thank you for your</p> <hr/> <p>City State Zip southampton NY 11968</p>	<p>Date of Receipt 0 8 / 2 5 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor William Borders</p> <hr/> <p>Mailing Address of Donor 235 Sotir St NW</p> <hr/> <p>City State Zip Ft Walton Beach FL 32548</p>	<p>Date of Receipt 0 8 / 2 0 / 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor William Borders</p> <hr/> <p>Mailing Address of Donor 235 Sotir St NW</p> <hr/> <p>City State Zip Ft Walton Beach FL 32548</p>	<p>Date of Receipt 0 8 / 0 5 / 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (column 2)</p>	<p>4 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>6 0 2 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Steve Boyle</p> <p>Mailing Address of Donor po box 225</p> <p>City State Zip Broken Arrow OK 74013</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Michael Bozic</p> <p>Mailing Address of Donor 1 Trimont Ln 1000A</p> <p>City State Zip Pittsburgh PA 15211</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Glenda Bracken Williams</p> <p>Mailing Address of Donor 4212 San Carlos</p> <p>City State Zip Dallas TX 75205</p>	<p>Date of Receipt 09 03 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor david Brackenridge</p> <p>Mailing Address of Donor 6232 hails ferry dr.</p> <p>City State Zip baton rouge LA 70817</p>	<p>Date of Receipt 08 10 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor mark brenfleck</p> <p>Mailing Address of Donor 6 christopher drive</p> <p>City State Zip phila PA 19116</p>	<p>Date of Receipt 08 09 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 5,000.00</p>	
<p>TOTAL This Period (last page this line number only) ▶ 8,520.00 (carry total from last page to Line 6)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Gary R. Brennan			Date of Receipt 08 07 2004	
Mailing Address of Donor 3496 Pueblo Way			Amount 1 0 0 0 0 0	
City Las Vegas	State NV	Zip 89109		
B. Full Name of Donor James Brenzel			Date of Receipt 08 27 2004	
Mailing Address of Donor 105 Garland Dr.			Amount 1 0 0 0 0 0	
City Menton Park	State CA	Zip 94025		
C. Full Name of Donor Gene Brett			Date of Receipt 08 24 2004	
Mailing Address of Donor 24325 Perdido Beach Blvd			Amount 1 0 0 0 0 0	
City Orange Beach	State AL	Zip 36561		
D. Full Name of Donor William Brinkerhoff			Date of Receipt 08 06 2004	
Mailing Address of Donor P. O. Box 637			Amount 1 0 0 0 0 0	
City Sedalia	State CO	Zip 80135		
E. Full Name of Donor Andrew Brooks			Date of Receipt 08 29 2004	
Mailing Address of Donor 14159 Beresford Rd			Amount 2 5 0 0 0 0	
City Beverly Hills	State CA	Zip 90210		
SUBTOTAL of Donations This Page (optional)			6 5 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			7 1 7 0 0 0 0	

SCHEDULE 3-A
Donation(s) Received

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A. Full Name of Donor Billy Brown Mailing Address of Donor 317 County Road, 61 City State Zip Ozark AL 36360	Date of Receipt M D Y Y 0 8 0 8 2 0 0 4 Amount 1 0 0 0 . 0 0
B. Full Name of Donor GEORGE BROWN Mailing Address of Donor 510 WHITHORN COURT City State Zip TIMONIUM MD 21093	Date of Receipt M D Y Y 0 8 2 8 2 0 0 4 Amount 1 0 0 0 . 0 0
C. Full Name of Donor Greg Brown Mailing Address of Donor 11921 Grandview City State Zip Columbus IN 47201	Date of Receipt M D Y Y 0 8 0 1 2 0 0 4 Amount 1 0 0 0 . 0 0
D. Full Name of Donor Greg Brown Mailing Address of Donor 11921 Grandview City State Zip Columbus IN 47201	Date of Receipt M D Y Y 0 8 0 4 2 0 0 4 Amount 5 0 0 0 . 0 0
E. Full Name of Donor Greg Brown Mailing Address of Donor 11921 Grandview City State Zip Columbus IN 47201	Date of Receipt M D Y Y 0 8 0 8 2 0 0 4 Amount 5 0 0 0 . 0 0
SUBTOTAL of Donations This Page (collected)	3 1 0 0 . 0 0
TOTAL This Period (last page this line number only) (carry totals from last page to Line 4)	7 4 8 0 0 . 0 0

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Richard Brown</p> <p>Mailing Address of Donor 6054 E. Highway 27</p> <p>City State Zip Ozark AL 36360</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Richard D. Brown</p> <p>Mailing Address of Donor 106 Wood Trail</p> <p>City State Zip Austin TX 78746</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Carl Buck</p> <p>Mailing Address of Donor 15260 Ventura Blvd #1120</p> <p>City State Zip Sherman Oaks CA 91403</p>	<p>Date of Receipt 08 01 2004</p> <p>Amount 2,500.00</p>
<p>D. Full Name of Donor Walter W. Buckley</p> <p>Mailing Address of Donor 1635 Country Rd</p> <p>City State Zip Bethlehem PA 18015</p>	<p>Date of Receipt 08 03 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Walter W. Buckley, Jr</p> <p>Mailing Address of Donor 1635 Country Rd</p> <p>City State Zip Bethlehem Pa 18015</p>	<p>Date of Receipt 08 07 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>6,500.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to line 9)</p>	<p>8,130.00</p>

SCHEDULE 3-A
Donation(s) Received

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A. Full Name of Donor Bill Burchenal			Date of Receipt M M Y Y 0 6 2 0 2 0 0 4	
Mailing Address of Donor 10533 Big Canoe			Amount 1 0 0 0 0 0	
City Big Canoe	State GA	Zip 30143		
B. Full Name of Donor DONALD BURNS			Date of Receipt M M Y Y 0 6 3 1 2 0 0 4	
Mailing Address of Donor 450 ROYAL PALM WAY			Amount 1 0 0 0 0 0	
City PALM BEACH	State FL	Zip 33480		
C. Full Name of Donor Paul Butterfield			Date of Receipt M M Y Y 0 9 1 2 2 0 0 4	
Mailing Address of Donor 13798 Lakeside Dr.			Amount 1 0 0 0 0 0	
City Clarksville	State MD	Zip 21029		
D. Full Name of Donor robert button			Date of Receipt M M Y Y 0 8 2 4 2 0 0 4	
Mailing Address of Donor 8034 schroeder rd			Amount 1 0 0 0 0 0	
City dixon	State CA	Zip 95620		
E. Full Name of Donor Robert Byers			Date of Receipt M M Y Y 0 8 2 0 2 0 0 4	
Mailing Address of Donor 276 Bristol Rd.			Amount 2 5 0 0 0 0	
City Chaifont	State PA	Zip 18914		
SUBTOTAL of Donations This Page (optional)			6 5 0 0 0 0	
TOTAL This Period (last page has line number only) (carry total from last page to Line 5)			8 7 5 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Patrick Byrne			Date of Receipt 0 9 / 2 0 / 2 0 0 4	
Mailing Address of Donor 700 Bitner Road			Amount 2 5 0 0 0 0	
City Park City	State UT	Zip 84098		
B. Full Name of Donor bili campbell			Date of Receipt 0 8 / 2 7 / 2 0 0 4	
Mailing Address of Donor 2443 fillmore st #368			Amount 2 5 0 0 0 0	
City san francisco	State CA	Zip 94115		
C. Full Name of Donor Peggy Cannon			Date of Receipt 0 9 / 0 9 / 2 0 0 4	
Mailing Address of Donor 151 Atlanta Country Club Dr.			Amount 1 0 0 0 0 0	
City Marietta	State GA	Zip 30067		
D. Full Name of Donor David Canter			Date of Receipt 0 8 / 2 4 / 2 0 0 4	
Mailing Address of Donor 4071 Alonzo Av			Amount 5 0 0 0 0 0	
City Encino	State CA	Zip 91316		
E. Full Name of Donor david canter			Date of Receipt 0 9 / 0 2 / 2 0 0 4	
Mailing Address of Donor 4071 Alonzo Av			Amount 5 0 0 0 0 0	
City Encino	State CA	Zip 91316		
SUBTOTAL of Donations This Page (optional)			7 0 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			9 4 8 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Larry Capista</p> <p>Mailing Address of Donor 24655 Manor Dr.</p> <p>City State Zip Shorewood IL 60431</p>	<p>Date of Receipt 0 8 / 3 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Donald Carlson</p> <p>Mailing Address of Donor 3071 Pennant Way</p> <p>City State Zip San Diego CA 92122</p>	<p>Date of Receipt 0 8 / 3 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Donald Carlson</p> <p>Mailing Address of Donor 3071 Pennant Way</p> <p>City State Zip San Diego CA 92122</p>	<p>Date of Receipt 0 8 / 3 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Donlad Carlson</p> <p>Mailing Address of Donor 3071 Pennant Way</p> <p>City State Zip San Diego ab 92122</p>	<p>Date of Receipt 0 8 / 3 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor terry carlson</p> <p>Mailing Address of Donor 9116 E. Sprague Ave #302</p> <p>City State Zip spokane WA 99206</p>	<p>Date of Receipt 0 8 / 0 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (col 10a) ▶</p>	<p>4 1 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>9 8 9 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Richard carter			Date of Receipt 09 04 2004	
Mailing Address of Donor 512 Mt Vernon Dr			Amount 500.00	
City Fostoria	State OH	Zip 44830		
B. Full Name of Donor Richard Carter			Date of Receipt 09 09 2004	
Mailing Address of Donor 512 Mt Vernon Dr			Amount 500.00	
City Fostoria	State OH	Zip 44830		
C. Full Name of Donor Jim Cattanach			Date of Receipt 08 28 2004	
Mailing Address of Donor 711 N. Northlake Drive			Amount 1,000.00	
City Hollywood	State FL	Zip 33019		
D. Full Name of Donor Craig chang			Date of Receipt 08 06 2004	
Mailing Address of Donor 2700 Citizens Plaza, ste 401			Amount 1,000.00	
City Victoria	State TX	Zip 77901		
E. Full Name of Donor Brian Chapman			Date of Receipt 08 02 2004	
Mailing Address of Donor 8786 Malone Road			Amount 1,000.00	
City Olive Branch	State MS	Zip 38654		
SUBTOTAL of Donations This Page (optional)			4,000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 6)			10,290.00	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Paul Charnetzki			Date of Receipt 09 20 2004	
Mailing Address of Donor 327 Oak Circle			Amount 1 0 0 0 0 0	
City Wilmette	State IL	Zip 60091		
B. Full Name of Donor R Christensen			Date of Receipt 09 22 2004	
Mailing Address of Donor 1339 Summit Lake Shore Road			Amount 1 0 0 0 0 0	
City Olympia	State WA	Zip 98502		
C. Full Name of Donor Ashley Classen			Date of Receipt 08 27 2004	
Mailing Address of Donor PO Box 9290			Amount 5 0 0 0 0 0	
City Fort Worth	State TX	Zip 76147		
D. Full Name of Donor Ashley Classen			Date of Receipt 08 08 2004	
Mailing Address of Donor PO Box 9290			Amount 5 0 0 0 0 0	
City Fort Worth	State TX	Zip 76147		
E. Full Name of Donor Bruce Cleveland			Date of Receipt 08 24 2004	
Mailing Address of Donor P.O. Box 61			Amount 2 5 0 0 0 0	
City Waterford	State VA	Zip 20197		
SUBTOTAL of Donations This Page (optional)			5 5 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line B)			1 0 8 4 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Eric Clow</p> <p>Mailing Address of Donor 27660 Central Drive</p> <p>City State Zip Los Altos Hills CA 94022</p>	<p>Date of Receipt 08 05 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Eric Clow</p> <p>Mailing Address of Donor 27660 Central Drive</p> <p>City State Zip Los Altos Hills CA 94022</p>	<p>Date of Receipt 08 29 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Kirby Cochran</p> <p>Mailing Address of Donor 692 East 1780 North</p> <p>City State Zip Orem UT 84097</p>	<p>Date of Receipt 09 08 2004</p> <p>Amount 10000</p>
<p>D. Full Name of Donor Kirby Cochran</p> <p>Mailing Address of Donor 692 East 1780 North</p> <p>City State Zip Orem UT 84097</p>	<p>Date of Receipt 09 08 2004</p> <p>Amount 10000</p>
<p>E. Full Name of Donor Harvey Cody</p> <p>Mailing Address of Donor 207 Paul Revere Drive</p> <p>City State Zip Houston TX 77024</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (skip row) ▶</p>	<p>260000</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 1)</p>	<p>1410000</p>

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor Harvey Cody			Date of Receipt 08 20 2004	
Mailing Address of Donor 207 Paul Revere Drive			Amount 1,000.00	
City Houston	State TX	Zip 77024		
B. Full Name of Donor Howard Cohen			Date of Receipt 08 04 2004	
Mailing Address of Donor 10405 Sandringham Court			Amount 1,000.00	
City Potomac	State MD	Zip 20854		
C. Full Name of Donor A. Atwell Coleman			Date of Receipt 08 25 2004	
Mailing Address of Donor 4314 Chicora St			Amount 1,000.00	
City Columbia	State SC	Zip 29206		
D. Full Name of Donor John Connolly			Date of Receipt 08 12 2004	
Mailing Address of Donor 700 Front St.			Amount 1,000.00	
City San Diego	State CA	Zip 92101		
E. Full Name of Donor william cooley			Date of Receipt 08 27 2004	
Mailing Address of Donor 8 windsor court			Amount 500.00	
City palm beach	State FL	Zip 33480		
SUBTOTAL of Donations This Page (optional)			4,500.00	
TOTAL This Period (last page lists line number only) (entry total from last page to line 9)			11,550.00	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William Cooley</p> <p>Mailing Address of Donor 8 Windsor Court</p> <p>City State Zip palm beach FL 33480</p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor William Cooley</p> <p>Mailing Address of Donor 8 Windsor Ct.</p> <p>City State Zip Palm Beach FL 33480</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 2,000.00</p>
<p>C. Full Name of Donor Tim Cooney</p> <p>Mailing Address of Donor 434 main street</p> <p>City State Zip wareham MA 02571</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Tim Cooney</p> <p>Mailing Address of Donor 434 main street</p> <p>City State Zip wareham MA 02571</p>	<p>Date of Receipt 09 08 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Lammot Copeland</p> <p>Mailing Address of Donor 100 Rogers Rd</p> <p>City State Zip Wilmington DE 19801</p>	<p>Date of Receipt 08 02 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (split only)</p>	<p>6,500.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>122,000.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Don Cose</p> <hr/> <p>Mailing Address of Donor 17 E. Sixth St.</p> <hr/> <p>City State Zip Tracy CA 95378</p>	<p>Date of Receipt M M Y Y 0 9 0 2 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>B. Full Name of Donor James Cowden</p> <hr/> <p>Mailing Address of Donor 200 Patterson Avenue, Number 410</p> <hr/> <p>City State Zip San Antonio TX 78209</p>	<p>Date of Receipt M M Y Y 0 8 1 2 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>C. Full Name of Donor James Cowden</p> <hr/> <p>Mailing Address of Donor 200 Patterson Avenue, #410</p> <hr/> <p>City State Zip San Antonio TX 78209</p>	<p>Date of Receipt M M Y Y 0 8 0 8 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>D. Full Name of Donor Thomas Cox</p> <hr/> <p>Mailing Address of Donor 183 Stanmore Road</p> <hr/> <p>City State Zip Baltimore MD 21212</p>	<p>Date of Receipt M M Y Y 0 8 1 0 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor Thomas Cox</p> <hr/> <p>Mailing Address of Donor 183 Stanmore Road</p> <hr/> <p>City State Zip Baltimore MD 21212</p>	<p>Date of Receipt M M Y Y 0 8 0 8 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>4 5 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>1 2 6 5 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Alex Cranberg</p> <p>Mailing Address of Donor 511 16th St. #400</p> <p>City State Zip Denver CO 80202</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor Doctor Crants</p> <p>Mailing Address of Donor 102 Woodmont Blvd., Suite 800</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Doctor Crants</p> <p>Mailing Address of Donor 102 Woodmont Blvd., Suite 800</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt 08 09 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor L. Jordan Croft</p> <p>Mailing Address of Donor 7503 Club Rd</p> <p>City State Zip Towson MD 21204</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 2,000.00</p>
<p>E. Full Name of Donor James Crooks</p> <p>Mailing Address of Donor 4181 Riverview Run Ct.</p> <p>City State Zip Suwanee GA 30024</p>	<p>Date of Receipt 08 07 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>5,500.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>13,205.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor James Crooks</p> <hr/> <p>Mailing Address of Donor 4181 Riverview Run Ct.</p> <hr/> <p>City State Zip Suwanee GA 30024</p>	<p>Date of Receipt 0 6 / 1 4 / 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor James Crooks</p> <hr/> <p>Mailing Address of Donor 4181 Riverview Run Ct.</p> <hr/> <p>City State Zip Suwanee GA 30024</p>	<p>Date of Receipt 0 6 / 3 0 / 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Nancy Cross</p> <hr/> <p>Mailing Address of Donor 2 Laurel Place</p> <hr/> <p>City State Zip San Antonio TX 78209</p>	<p>Date of Receipt 0 6 / 2 7 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Paul Crow</p> <hr/> <p>Mailing Address of Donor 2731 Timberleaf Drive</p> <hr/> <p>City State Zip Carrollton TX 75006</p>	<p>Date of Receipt 0 6 / 2 2 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Bob Cummins</p> <hr/> <p>Mailing Address of Donor 18850 Northome Blvd.</p> <hr/> <p>City State Zip Deephaven MN 55391</p>	<p>Date of Receipt 0 6 / 0 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations THIS Page (optional) ▶</p>	<p>4 0 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry over from last page to Line 9)</p>	<p>1 3 6 0 5 0 0 0</p>

SCHEDULE 8-A
Donation(s) Received

<p>A. Full Name of Donor Edward V. K. Cunningham</p> <hr/> <p>Mailing Address of Donor 40 Garden St</p> <hr/> <p>City State Zip Poughkeepsie NY 12601</p>	<p>Date of Receipt M M Y Y 0 2 2 0 0 4</p> <p>Amount \$ 1,000.00</p>
<p>B. Full Name of Donor Jerome Czerwinski</p> <hr/> <p>Mailing Address of Donor 1000 N. Station Street, #614</p> <hr/> <p>City State Zip Port Aransas TX 78373</p>	<p>Date of Receipt M M Y Y 0 8 2 4 2 0 0 4</p> <p>Amount \$ 1,000.00</p>
<p>C. Full Name of Donor gregory czura</p> <hr/> <p>Mailing Address of Donor 559 cafferty road</p> <hr/> <p>City State Zip upper black eddy PA 18972</p>	<p>Date of Receipt M M Y Y 0 8 2 1 2 0 0 4</p> <p>Amount \$ 1,000.00</p>
<p>D. Full Name of Donor Ronald Dahlberg</p> <hr/> <p>Mailing Address of Donor 3121 72nd Avenue</p> <hr/> <p>City State Zip Kenosha WI 53144</p>	<p>Date of Receipt M M Y Y 0 8 2 0 2 0 0 4</p> <p>Amount \$ 1,000.00</p>
<p>E. Full Name of Donor Harry Dahstrom</p> <hr/> <p>Mailing Address of Donor 155 Willson Street</p> <hr/> <p>City State Zip Holliston MA 01746</p>	<p>Date of Receipt M M Y Y 0 8 8 1 2 0 0 4</p> <p>Amount \$ 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>\$ 5,000.00</p>
<p>TOTAL This Period (add page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>\$ 14,105.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor peter damour</p> <p>Mailing Address of Donor 18704 john connor rd</p> <p>City State Zip cornelius NC 28031</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor George Daniels</p> <p>Mailing Address of Donor PO Box 593872</p> <p>City State Zip Orlando FL 32859</p>	<p>Date of Receipt 09 07 2004</p> <p>Amount 5,000.00</p>
<p>C. Full Name of Donor Alfred Danner</p> <p>Mailing Address of Donor P.O. Box 12272</p> <p>City State Zip Santa Rosa CA 95406</p>	<p>Date of Receipt 09 25 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor John Darling</p> <p>Mailing Address of Donor 51 Valley View Road</p> <p>City State Zip Holden ME 04429</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Richard Davenport</p> <p>Mailing Address of Donor 14 Lake Ct</p> <p>City State Zip North Oaks MN 55127</p>	<p>Date of Receipt 08 29 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>9,000.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>15,005.00</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Bob Davidson</p> <p>Mailing Address of Donor P.O. Box 6761</p> <p>City State Zip Incline Village NV 89450</p>	<p>Date of Receipt P A Y Y Y Y 0 8 2 0 0 4</p> <p>Amount 2 5 0 0 . 0 0</p>
<p>B. Full Name of Donor James B. Davis</p> <p>Mailing Address of Donor 4727 Wilshire Boulevard #300</p> <p>City State Zip Los Angeles CA 90010</p>	<p>Date of Receipt P A Y Y Y Y 0 9 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>C. Full Name of Donor James B. Davis</p> <p>Mailing Address of Donor 710 North Sierra Drive</p> <p>City State Zip Beverly Hills CA 90010</p>	<p>Date of Receipt P A Y Y Y Y 0 8 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>D. Full Name of Donor Leon Davis</p> <p>Mailing Address of Donor 502 Thamer Lane</p> <p>City State Zip Houston TX 77024</p>	<p>Date of Receipt P A Y Y Y Y 0 9 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>E. Full Name of Donor Ross Davis</p> <p>Mailing Address of Donor 3771 Elmora</p> <p>City State Zip Houston TX 77005</p>	<p>Date of Receipt P A Y Y Y Y 0 9 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry tabs from last page to Line 5)</p>	

6 5 0 0 0 0

1 5 6 5 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Sam Davis</p> <p>Mailing Address of Donor 531 Boca Ciega Pt. So.</p> <p>City State Zip St.Petersburg FL 33708</p>	<p>Date of Receipt 09 07 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor David Defnet</p> <p>Mailing Address of Donor 199 Lakeside Dr</p> <p>City State Zip Montgomery TX 77356</p>	<p>Date of Receipt 09 05 2004</p> <p>Amount 1,000.00</p>
<p>C. 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 07 30 2004</p> <p>Amount 1,000.00</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 08 05 2004</p> <p>Amount 2,500.00</p>
<p>E. 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 06 20 2004</p> <p>Amount 2,500.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2,600.00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>15,915.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. 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 5 / 2 7 / 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Stephen Dent</p> <p>Mailing Address of Donor 32 Twin Lakes Lane</p> <p>City State Zip Riverside CT 06878</p>	<p>Date of Receipt 0 8 / 0 4 / 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>C. Full Name of Donor Anthony Di Lapi</p> <p>Mailing Address of Donor 82 Stanwick Ct</p> <p>City State Zip Somerset NJ 08873</p>	<p>Date of Receipt 0 8 / 0 7 / 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>D. Full Name of Donor Anthony Di Lapi</p> <p>Mailing Address of Donor 82 Stanwick Ct</p> <p>City State Zip Somerset NJ 08873</p>	<p>Date of Receipt 0 8 / 2 5 / 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>E. Full Name of Donor Edward L. Diefenthal</p> <p>Mailing Address of Donor 4801 Florida Ave.</p> <p>City State Zip New Orleans LA 70117</p>	<p>Date of Receipt 0 8 / 3 1 / 2 0 0 4</p> <p>Amount 2 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>5 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry label from last page to Line 9)</p>	<p>1 8 4 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Steven Diehl			Date of Receipt M M Y Y 0 8 0 4 2 0 0 4		
Mailing Address of Donor 20311 Parkwood Court			Amount 5 0 0 0 0		
City Hagerstown	State MD	Zip 21742			
B. Full Name of Donor Steven Diehl			Date of Receipt M M Y Y 0 8 2 0 2 0 0 4		
Mailing Address of Donor 20311 Parkwood Court			Amount 5 0 0 0 0		
City Hagerstown	State MD	Zip 21742			
C. Full Name of Donor Steven Diehl			Date of Receipt M M Y Y 0 8 2 2 2 0 0 4		
Mailing Address of Donor 20311 Parkwood Court			Amount 5 0 0 0 0		
City Hagerstown	State MD	Zip 21742			
D. Full Name of Donor Steven Diehl			Date of Receipt M M Y Y 0 8 2 6 2 0 0 4		
Mailing Address of Donor 20311 Parkwood Court			Amount 5 0 0 0 0		
City Hagerstown	State MD	Zip 21742			
E. Full Name of Donor michael dillon			Date of Receipt M M Y Y 0 8 2 5 2 0 0 4		
Mailing Address of Donor 10019 E Foothill Drive			Amount 1 0 0 0 0 0		
City Scottsdale	State AZ	Zip 85255			
SUBTOTAL of Donations This Page (optional)			3 0 0 0 0 0		
TOTAL This Period (see page 91 for instructions only) (carry total from last page to Line B)			1 6 7 6 5 0 0 0		

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Cliff DiLorenzo</p> <p>Mailing Address of Donor 540 Woodview Road</p> <p>City State Zip Lake Barrington IL 60010</p>	<p>Date of Receipt 09 08 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor CLIFF DILORENZO</p> <p>Mailing Address of Donor 540 Woodview Road</p> <p>City State Zip Lake Barrington IL 60010</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor robert d dingeman</p> <p>Mailing Address of Donor 864 aspen hts drive</p> <p>City State Zip fairbanks AK 99712</p>	<p>Date of Receipt 08 26 2004</p> <p>Amount 10000</p>
<p>D. Full Name of Donor robert d dingeman</p> <p>Mailing Address of Donor 664 aspen hts drive</p> <p>City State Zip fairbanks AK 99712</p>	<p>Date of Receipt 08 06 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor robert d dingeman</p> <p>Mailing Address of Donor 664 aspen hts dr</p> <p>City State Zip fairbanks AK 99712</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 25000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>185000</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>16950000</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor robert d dingeman</p> <hr/> <p>Mailing Address of Donor 664 aspen hts drive</p> <hr/> <p>City State Zip fairbanks AK 99712</p>	<p>Date of Receipt 09 01 2004</p> <hr/> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor robert d dingeman</p> <hr/> <p>Mailing Address of Donor 664 aspen hts drive</p> <hr/> <p>City State Zip fairbanks AK 99712</p>	<p>Date of Receipt 09 01 2004</p> <hr/> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor robert d dingeman</p> <hr/> <p>Mailing Address of Donor 664 aspen hts drive</p> <hr/> <p>City State Zip aspen hts dr AK 99712</p>	<p>Date of Receipt 09 03 2004</p> <hr/> <p>Amount 500 00</p>
<p>D. Full Name of Donor william Dobbins</p> <hr/> <p>Mailing Address of Donor 10630 Queen Avenue</p> <hr/> <p>City State Zip La Mesa CA 91941</p>	<p>Date of Receipt 09 09 2004</p> <hr/> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor William Dobbins</p> <hr/> <p>Mailing Address of Donor 10630 Queen Avenue</p> <hr/> <p>City State Zip La Mesa CA 91941</p>	<p>Date of Receipt 08 20 2004</p> <hr/> <p>Amount 500 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>1 900 00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to LTR #)</p>	<p>1 714 00 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Harry L. Dolan</p> <p>Mailing Address of Donor 36 Cumberland Dr</p> <p>City State Zip Lincolnshire IL 60069</p>	<p>Date of Receipt 09 03 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor John Donovan</p> <p>Mailing Address of Donor 5135 Trumbull Court</p> <p>City State Zip Dunwoody GA 30338</p>	<p>Date of Receipt 09 20 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor James Dorrian</p> <p>Mailing Address of Donor 101 1st St PMB 746</p> <p>City State Zip Los Altos CA 94022</p>	<p>Date of Receipt 09 23 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor James Douglass</p> <p>Mailing Address of Donor 315 Old Mill Road</p> <p>City State Zip Pittsburgh PA 15238</p>	<p>Date of Receipt 09 25 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor James R. Douglass</p> <p>Mailing Address of Donor 315 Old Mill Rd</p> <p>City State Zip Pittsburgh PA 15238</p>	<p>Date of Receipt 09 22 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 4,000.00</p>	
<p>TOTAL This Period (last page this line number only) ▶ 17,540.00 (carry total from last page to Line 9)</p>	

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor John Dowd</p> <hr/> <p>Mailing Address of Donor 1529 Crowell Road</p> <hr/> <p>City State Zip Vienna VA 22182</p>	<p>Date of Receipt M D Y Y 0 8 2 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor David Drinan</p> <hr/> <p>Mailing Address of Donor 38 Frew Terrace</p> <hr/> <p>City State Zip Enfield CT 06082</p>	<p>Date of Receipt M D Y Y 0 8 1 3 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>C. Full Name of Donor David Drinan</p> <hr/> <p>Mailing Address of Donor 38 Frew Terrace</p> <hr/> <p>City State Zip Enfield CT 06082</p>	<p>Date of Receipt M D Y Y 0 8 2 0 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor David Drinan</p> <hr/> <p>Mailing Address of Donor 38 Frew Terrace</p> <hr/> <p>City State Zip Enfield CT 06082</p>	<p>Date of Receipt M D Y Y 0 8 2 4 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor Caroline O. Dullmeyer</p> <hr/> <p>Mailing Address of Donor 396 E Woodlander Ct</p> <hr/> <p>City State Zip Eagle ID 83616</p>	<p>Date of Receipt M D Y Y 0 8 0 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Contributions This Page (columns 1 through 4) ▶</p>	<p>3 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>1 7 8 4 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Michael Dunmire</p> <hr/> <p>Mailing Address of Donor 15610 NE 173RD STREET</p> <hr/> <p>City State Zip Woodinville WA 98072</p>	<p>Date of Receipt 0 8 / 2 4 / 2 0 0 4</p> <hr/> <p>Amount 1 0 0 0 . 0 0</p>
<p>B. Full Name of Donor Michael Dunmire</p> <hr/> <p>Mailing Address of Donor 15610 NE 173rd Street</p> <hr/> <p>City State Zip Woodinville ab 98072</p>	<p>Date of Receipt 0 8 / 0 9 / 2 0 0 4</p> <hr/> <p>Amount 1 0 0 0 . 0 0</p>
<p>C. Full Name of Donor Tom Dwelle</p> <hr/> <p>Mailing Address of Donor 1420 Shadow Mountain Ct.</p> <hr/> <p>City State Zip Auburn CA 95602</p>	<p>Date of Receipt 0 8 / 2 4 / 2 0 0 4</p> <hr/> <p>Amount 1 0 0 0 . 0 0</p>
<p>D. Full Name of Donor Dave Eaton</p> <hr/> <p>Mailing Address of Donor 20690 Linwood Road</p> <hr/> <p>City State Zip Deephaven MN 55331</p>	<p>Date of Receipt 0 8 / 2 6 / 2 0 0 4</p> <hr/> <p>Amount 1 0 0 0 . 0 0</p>
<p>E. Full Name of Donor Charles N. Eckert</p> <hr/> <p>Mailing Address of Donor 1248 Continental Ave.- IRCC</p> <hr/> <p>City State Zip Melbourne FL 32940</p>	<p>Date of Receipt 0 8 / 0 7 / 2 0 0 4</p> <hr/> <p>Amount 1 0 0 0 . 0 0</p>
<p>SUBTOTAL of Donations This Page (excludes) ▶ 5 0 0 0 . 0 0</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ 1 8 3 4 0 0 . 0 0 (copy total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Willard Edison</p> <hr/> <p>Mailing Address of Donor 6043 Hatton Place</p> <hr/> <p>City State Zip Ferndale WA 98248</p>	<p>Date of Receipt 08 09 2004</p> <p>Amount 250.00</p>
<p>B. Full Name of Donor Willard Edison</p> <hr/> <p>Mailing Address of Donor 6043 Hatton Place</p> <hr/> <p>City State Zip Ferndale WA 98248</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Willard Edison</p> <hr/> <p>Mailing Address of Donor 6043 Hatton Place</p> <hr/> <p>City State Zip Ferndale WA 98248</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 250.00</p>
<p>D. Full Name of Donor William L Edwards</p> <hr/> <p>Mailing Address of Donor 903 West 4th Street</p> <hr/> <p>City State Zip Roswell NM 88201</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 250.00</p>
<p>E. Full Name of Donor William L. Edwards</p> <hr/> <p>Mailing Address of Donor 903 West 4th Street</p> <hr/> <p>City State Zip Roswell NM 88201</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>1750.00</p>
<p>TOTAL This Period (last page table line number only) ▶ (carry total from last page to L175 9)</p>	<p>185150.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William L. Edwards</p> <hr/> <p>Mailing Address of Donor 903 West 4th Street</p> <hr/> <p>City State Zip Roswell NM 88201</p>	<p>Date of Receipt</p> <p> MO DA YR 08 23 2004</p> <p>Amount</p> <p> 25000</p>
<p>B. Full Name of Donor James W. Eggers</p> <hr/> <p>Mailing Address of Donor Rt. 4, Box 268E</p> <hr/> <p>City State Zip Kilgore TX 75662</p>	<p>Date of Receipt</p> <p> MO DA YR 08 30 2004</p> <p>Amount</p> <p> 1000000</p>
<p>C. Full Name of Donor James Elam</p> <hr/> <p>Mailing Address of Donor 200 P Street Apt. A22</p> <hr/> <p>City State Zip Sacramento CA 95814</p>	<p>Date of Receipt</p> <p> MO DA YR 08 03 2004</p> <p>Amount</p> <p> 3000000</p>
<p>D. Full Name of Donor Donald Eller</p> <hr/> <p>Mailing Address of Donor 3111 Bel Air Drive #18G</p> <hr/> <p>City State Zip Las Vegas NV 89109</p>	<p>Date of Receipt</p> <p> MO DA YR 08 06 2004</p> <p>Amount</p> <p> 50000</p>
<p>E. Full Name of Donor Donald Eller</p> <hr/> <p>Mailing Address of Donor 3111 Bel Air Drive #18G</p> <hr/> <p>City State Zip Las Vegas NV 89109</p>	<p>Date of Receipt</p> <p> MO DA YR 08 24 2004</p> <p>Amount</p> <p> 50000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1425000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>19940000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Steven Ellis</p> <p>Mailing Address of Donor 544 North Church Street</p> <p>City State Zip Charlotte NC 28202</p>	<p>Date of Receipt M N Y Y 0 9 0 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor fred ender</p> <p>Mailing Address of Donor 12919 Bloomfield St, # 5</p> <p>City State Zip Studio City CA 91604</p>	<p>Date of Receipt M N Y Y 0 8 0 6 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Denis Engel</p> <p>Mailing Address of Donor 6321 E Calle Bruvira</p> <p>City State Zip Paradise Valley AZ 85253</p>	<p>Date of Receipt M N Y Y 0 8 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Terrence English</p> <p>Mailing Address of Donor 9 Runyon Mill Rd</p> <p>City State Zip Ringoes NJ 08551</p>	<p>Date of Receipt M N Y Y 0 8 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Dave Erickson</p> <p>Mailing Address of Donor 2027 Narrows View Ct NW, E-141</p> <p>City State Zip Gig Harbor WA 98335</p>	<p>Date of Receipt M N Y Y 0 8 0 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 5 0 0 0 0 0</p>	
<p>TOTAL This Period (last page the line number only) ▶ 2 0 4 4 0 0 0 0 (carry total from last page to line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

PAGE 41 OF 145

A. Full Name of Donor Ross Estep Sr <hr/> Mailing Address of Donor 121 Interprk Blvd <hr/> City State Zip San Antonio TX 78216	Date of Receipt 09 09 2004 <hr/> Amount 500.00
B. Full Name of Donor Ross Estep Sr <hr/> Mailing Address of Donor 121 Interpark Blvd, Suite 208 <hr/> City State Zip San Antonio TX 78216	Date of Receipt 08 27 2004 <hr/> Amount 1000.00
C. Full Name of Donor Richard Evanson <hr/> Mailing Address of Donor 10906 NE 39th St <hr/> City State Zip Vancouver WA 98682	Date of Receipt 09 06 2004 <hr/> Amount 1000.00
D. Full Name of Donor marjorie exon <hr/> Mailing Address of Donor 22 pintail <hr/> City State Zip irvine CA 92604	Date of Receipt 08 05 2004 <hr/> Amount 1000.00
E. Full Name of Donor Theodore Fanelli <hr/> Mailing Address of Donor 3092 Jodeco Dr. <hr/> City State Zip Jonesboro GA 30236	Date of Receipt 08 19 2004 <hr/> Amount 1000.00
SUBTOTAL of Donations This Page (optional)	3600.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 5)	208000.00

SCHEDULE B-A

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Donation(s) Received

A. Full Name of Donor Theodore Fanelli			Date of Receipt M O Y 0 8 1 9 2 0 0 4		
Mailing Address of Donor 3092 Jodeco Dr.			Amount 2 5 0 0 0 0		
City Jonesboro	State GA	Zip 30236			
B. Full Name of Donor peter fassas			Date of Receipt M O Y 0 8 2 4 2 0 0 4		
Mailing Address of Donor 1555 n astor st			Amount 1 0 0 0 0 0		
City chicago	State IL	Zip 60610			
C. Full Name of Donor David Fawcett			Date of Receipt M O Y 0 8 1 7 2 0 0 4		
Mailing Address of Donor 1175 W Baseline Rd			Amount 1 0 0 0 0 0		
City Claremont	State CA	Zip 91711			
D. Full Name of Donor John Scott Fechnay			Date of Receipt M O Y 0 9 1 0 7 2 0 0 4		
Mailing Address of Donor 8841 Belmart Road			Amount 1 0 0 0 0 0		
City Potomac	State MD	Zip 20854			
E. Full Name of Donor Michael Fedak			Date of Receipt M O Y 0 8 1 0 2 0 0 4		
Mailing Address of Donor 655 Park Avenue			Amount 2 5 0 0 0 0		
City New York	State NY	Zip 10021			
SUBTOTAL of Donations This Page (optional)			8 0 0 0 0 0		
TOTAL This Period (last page this line number only)			2 1 6 0 0 0 0 0		
(carry total from last page to Line 9)					

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor Michael Fedak		Date of Receipt M O N T H Y E A R 0 8 2 7 2 0 0 4	
Mailing Address of Donor 655 Park Avenue		Amount 2 5 0 0 0 0	
City New York	State NY	Zip 10021	
B. Full Name of Donor Pamala Ferron		Date of Receipt M O N T H Y E A R 0 8 2 3 2 0 0 4	
Mailing Address of Donor 4725 Marlborough Way		Amount 5 0 0 0 0 0	
City Carmichael	State CA	Zip 95608	
C. Full Name of Donor Pamala Ferron		Date of Receipt M O N T H Y E A R 0 8 0 9 2 0 0 4	
Mailing Address of Donor 4725 Marlborough Way		Amount 5 0 0 0 0 0	
City Carmichael	State CA	Zip 95608	
D. Full Name of Donor william fickling jr		Date of Receipt M O N T H Y E A R 0 8 2 3 2 0 0 4	
Mailing Address of Donor p o box 1976		Amount 1 0 0 0 0 0	
City macon	State GA	Zip 31202	
E. Full Name of Donor Tom Finch		Date of Receipt M O N T H Y E A R 0 8 0 1 2 0 0 4	
Mailing Address of Donor 885 Arapahoe Avenue		Amount 1 0 0 0 0 0	
City Boulder	State CO	Zip 80302	
SUBTOTAL of Donations This Page (optional)		5 5 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to LINE 9)		2 2 1 5 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Robert A. Finder <hr/> Mailing Address of Donor 357 Applegarth Rd <hr/> City State Zip Monroe Township NJ 08831	Date of Receipt 0 9 0 7 2 0 0 4 Amount 2 0 0 0 0 0
B. Full Name of Donor Robert A. Finder <hr/> Mailing Address of Donor 357 Applegarth Rd <hr/> City State Zip Monroe Township NJ 08831	Date of Receipt 0 8 2 8 2 0 0 4 Amount 2 0 0 0 0 0
C. Full Name of Donor Joseph J. Finnegan <hr/> Mailing Address of Donor 2001 Dipinto Ave. <hr/> City State Zip Henderson NV 89052	Date of Receipt 0 8 2 6 2 0 0 4 Amount 3 0 0 0 0 0
D. Full Name of Donor Len Fisch <hr/> Mailing Address of Donor 922 Santee Street <hr/> City State Zip Los Angeles CA 90015	Date of Receipt 0 8 2 4 2 0 0 4 Amount 2 5 0 0 0 0
E. Full Name of Donor E. Grant Fitts <hr/> Mailing Address of Donor P. O. Box 670748 <hr/> City State Zip Dallas TX 75367	Date of Receipt 0 8 0 3 2 0 0 4 Amount 2 5 0 0 0 0
SUBTOTAL of Donations This Page (optional)	1 2 0 0 0 0 0
TOTAL This Period (last page this line number only) <small>(carry over from last page to Line 9)</small>	2 9 3 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor James Flanders</p> <p>Mailing Address of Donor 155 Otis St</p> <p>City State Zip Northborough MA 01532</p>	<p>Date of Receipt 08 07 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor James Flanders</p> <p>Mailing Address of Donor 155 Otis St</p> <p>City State Zip Northborough MA 01532</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Steve Flynn</p> <p>Mailing Address of Donor PO Box 642</p> <p>City State Zip Rancho Santa Fe CA 92067</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor Brian Follett</p> <p>Mailing Address of Donor 5600 Craggy Point</p> <p>City State Zip Austin TX 78731</p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 2,500.00</p>
<p>E. Full Name of Donor thomas ford</p> <p>Mailing Address of Donor 4225 east third street</p> <p>City State Zip long beach CA 90814</p>	<p>Date of Receipt 08 28 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>6,500.00</p>
<p>TOTAL This Period (last page has line number only) ▶ (carry total from last page to Line 9)</p>	<p>24,000.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Charles foster</p> <p>Mailing Address of Donor 11723 Elmscourt</p> <p>City State Zip San Antonio TX 78230</p>	<p>Date of Receipt 09 05 2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor Clark Frankel</p> <p>Mailing Address of Donor 65 West 13 St.</p> <p>City State Zip New York NY 10011</p>	<p>Date of Receipt 09 20 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Clark Frankel</p> <p>Mailing Address of Donor 65 West 13 St.</p> <p>City State Zip New York NY 10011</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Jerte Freeman</p> <p>Mailing Address of Donor 6485 Poplar Avenue</p> <p>City State Zip Memphis TN 38119</p>	<p>Date of Receipt 08 30 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Jeffery French</p> <p>Mailing Address of Donor 310 Harbor Drive</p> <p>City State Zip Columbia SC 29229</p>	<p>Date of Receipt 05 20 2004</p> <p>Amount 2,500.00</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>7,000.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>24,700.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor CHARLES FREYERMUTH</p> <p>Mailing Address of Donor 3006 WAYNE AVE.</p> <p>City State Zip IOWA CITY IA 52240</p>	<p>Date of Receipt 0 8 / 2 6 / 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>B. Full Name of Donor Timothy Frid</p> <p>Mailing Address of Donor 6351 129th St W</p> <p>City State Zip Apple Valley MN 55124</p>	<p>Date of Receipt 0 8 / 1 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>C. Full Name of Donor Nelson Frink</p> <p>Mailing Address of Donor 1133 Ashwood Ct</p> <p>City State Zip Yuba City CA 95991</p>	<p>Date of Receipt 0 8 / 2 2 / 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>D. Full Name of Donor Chuck Froelicher</p> <p>Mailing Address of Donor 822 Race Street</p> <p>City State Zip Denver CO 80206</p>	<p>Date of Receipt 0 8 / 0 2 / 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>E. Full Name of Donor Michael Futrell</p> <p>Mailing Address of Donor 10875 Belle Cour Way</p> <p>City State Zip Shreveport LA 71106</p>	<p>Date of Receipt 0 8 / 0 3 / 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 5 0 0 0 . 0 0</p> <p>TOTAL This Period (first page this line number only) ▶ 2 5 2 0 0 0 . 0 0 (carry total from last page to Line 3)</p>	

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor Ragnvald Gabrielsen		Date of Receipt M M / Y Y Y Y 0 8 / 2 4 / 2 0 0 4	
Mailing Address of Donor 1100 Louisiana		Amount 5 0 0 0 0	
City Houston	State TX	Zip 77002	
B. Full Name of Donor Ragnvald Gabrielsen		Date of Receipt M M / Y Y Y Y 0 8 / 0 9 / 2 0 0 4	
Mailing Address of Donor 1100 Louisiana		Amount 5 0 0 0 0	
City Houston	State TX	Zip 77002	
C. Full Name of Donor A Mark Gambiae		Date of Receipt M M / Y Y Y Y 0 8 / 2 0 / 2 0 0 4	
Mailing Address of Donor 900 Crescent Beach Road		Amount 2 5 0 0 0 0	
City Vero Beach	State FL	Zip 32963	
D. Full Name of Donor Tom gammon		Date of Receipt M M / Y Y Y Y 0 8 / 2 4 / 2 0 0 4	
Mailing Address of Donor 3100 McPherson Road		Amount 1 0 0 0 0 0	
City roswell ga.	State GA	Zip 30075	
E. Full Name of Donor Michael Gardner		Date of Receipt M M / Y Y Y Y 0 8 / 0 6 / 2 0 0 4	
Mailing Address of Donor 16067 State Route 12 East		Amount 2 5 0 0 0 0	
City Findlay	State OH	Zip 45840	
SUBTOTAL of Donations This Page (optional)		7 0 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)		2 5 9 0 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Michael Gardner			Date of Receipt 08 08 2004	
Mailing Address of Donor 16067 State Route 12 East			Amount 2,500.00	
City Findlay	State OH	Zip 45840		
B. Full Name of Donor lawrence gelman			Date of Receipt 08 23 2004	
Mailing Address of Donor 3900 SUNDOWN DR			Amount 1,000.00	
City McAllen	State TX	Zip 78503		
C. Full Name of Donor lawrence gelman			Date of Receipt 08 25 2004	
Mailing Address of Donor 3900 sundown dr			Amount 1,000.00	
City mcallen	State TX	Zip 78503		
D. Full Name of Donor lawrence gelman			Date of Receipt 08 29 2004	
Mailing Address of Donor 3900 sundown dr			Amount 1,000.00	
City mcallen	State TX	Zip 78503		
E. Full Name of Donor lawrence gelman			Date of Receipt 08 02 2004	
Mailing Address of Donor 3900 sundown dr			Amount 1,000.00	
City mcallen	State TX	Zip 78503		
SUBTOTAL of Donations This Page (optional)			6,500.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			26,550.00	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor lawrence gelman</p> <hr/> <p>Mailing Address of Donor 3900 sundown dr</p> <hr/> <p>City State Zip mcallen TX 78503</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor lawrence gelman</p> <hr/> <p>Mailing Address of Donor P.O.B. 3449</p> <hr/> <p>City State Zip mcallen TX 78502</p>	<p>Date of Receipt 08 14 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Chris Georgehead</p> <hr/> <p>Mailing Address of Donor 9009 Denington Drive</p> <hr/> <p>City State Zip Louisville KY 40222</p>	<p>Date of Receipt 08 07 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Mike Gerawan</p> <hr/> <p>Mailing Address of Donor 21249 E. Jefferson</p> <hr/> <p>City State Zip Reedley CA 93654</p>	<p>Date of Receipt 08 04 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Mike Gerawan</p> <hr/> <p>Mailing Address of Donor 21249 E. Jefferson</p> <hr/> <p>City State Zip Reedley CA 93654</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 5 0 0 0 0 0</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ 2 7 0 5 0 0 0 0 (carry total from last page on Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor James Gesler <hr/> Mailing Address of Donor 6663 Lakeside Cir <hr/> City State Zip Worthington OH 43085	Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 4 Amount 1 0 0 0 0 0
B. Full Name of Donor James L. Gesler <hr/> Mailing Address of Donor 6663 Lakeside Cir E <hr/> City State Zip Worthington OH 43085	Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 4 Amount 1 0 0 0 0 0
C. Full Name of Donor Camillo Ghiron <hr/> Mailing Address of Donor 2130 North Lincoln Park West, Apt. 10 sou <hr/> City State Zip Chicago IL 60614	Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 4 Amount 1 0 0 0 0 0
D. Full Name of Donor Ronald J. Gilles <hr/> Mailing Address of Donor 908 Emerald Bay <hr/> City State Zip Laguna Beach CA 92651	Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 4 Amount 1 0 0 0 0 0
E. Full Name of Donor George Gillespie <hr/> Mailing Address of Donor 1016 So. McCall Rd. <hr/> City State Zip Mcallen TX 78501	Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 4 Amount 1 0 0 0 0 0
SUBTOTAL of Donations This Page (optional)	5 0 0 0 0 0
TOTAL This Period (last page this line number only) (carry total from last page to Line B)	2 7 5 5 0 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John Gioia</p> <hr/> <p>Mailing Address of Donor 9524 Mount Vernon Landing</p> <hr/> <p>City State Zip Alexandria VA 22309</p>	<p>Date of Receipt M M Y Y 0 9 0 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Doyle Glass</p> <hr/> <p>Mailing Address of Donor 2008 Starmont Road</p> <hr/> <p>City State Zip Louisville KY 40207</p>	<p>Date of Receipt M M Y Y 0 9 2 6 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Charles Goforth</p> <hr/> <p>Mailing Address of Donor 1735 lake bluff</p> <hr/> <p>City State Zip Reed Springs MO 65737</p>	<p>Date of Receipt M M Y Y 0 8 1 8 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor jeffrey golding</p> <hr/> <p>Mailing Address of Donor po box 78708</p> <hr/> <p>City State Zip charlotte NC 28277</p>	<p>Date of Receipt M M Y Y 0 8 2 5 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor jeffrey golding</p> <hr/> <p>Mailing Address of Donor po box 78708</p> <hr/> <p>City State Zip charlotte NC 28277</p>	<p>Date of Receipt M M Y Y 0 8 0 8 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 5 5 0 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 2 0 1 0 0 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Fred Goldman</p> <p>Mailing Address of Donor 6911 Westchester Circle</p> <p>City State Zip Bradenton FL 34202</p>	<p>Date of Receipt 0 8 2 9 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor neal goldman</p> <p>Mailing Address of Donor 220 east 42 st. 29 fl.</p> <p>City State Zip new york NY 10017</p>	<p>Date of Receipt 0 8 3 1 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>C. Full Name of Donor William Gommo</p> <p>Mailing Address of Donor 2700 N. Peninsula Ave. #332</p> <p>City State Zip New Smyrna Beach FL 32169</p>	<p>Date of Receipt 0 8 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Timothy Gonzales</p> <p>Mailing Address of Donor 2 Hidden Lane</p> <p>City State Zip Orinda CA 94563</p>	<p>Date of Receipt 0 8 2 1 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor Timothy Gonzales</p> <p>Mailing Address of Donor 2 Hidden Lane</p> <p>City State Zip Orinda CA 94563</p>	<p>Date of Receipt 0 9 0 9 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>5 5 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>2 8 6 5 0 0 0 0</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor CLAIRE GOOSEY</p> <hr/> <p>Mailing Address of Donor 6545 Rutgers</p> <hr/> <p>City State Zip Houston TX 77005</p>	<p>Date of Receipt 08 28 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor CLAIRE GOOSEY</p> <hr/> <p>Mailing Address of Donor 6545 Rutgers</p> <hr/> <p>City State Zip Houston TX 77005</p>	<p>Date of Receipt 08 02 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor CLAIRE GOOSEY</p> <hr/> <p>Mailing Address of Donor 6545 Rutgers</p> <hr/> <p>City State Zip Houston TX 77005</p>	<p>Date of Receipt 08 09 2004</p> <p>Amount 100.00</p>
<p>D. Full Name of Donor Oliver R Grace Jr</p> <hr/> <p>Mailing Address of Donor 55 Brookville Road</p> <hr/> <p>City State Zip Brookville NY 11545</p>	<p>Date of Receipt 08 05 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Oliver R Grace Jr</p> <hr/> <p>Mailing Address of Donor 55 Brookville Road</p> <hr/> <p>City State Zip Brookville NY 11545</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2,100.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry over from last page to Line 8)</p>	<p>2,896,000.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Billy Graham</p> <p>Mailing Address of Donor 1550 Bay Street #209</p> <p>City State Zip San Francisco CA 94123</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor JOHN GRAHAM</p> <p>Mailing Address of Donor 32 OAKLAWN DRIVE</p> <p>City State Zip COVINGTON LA 70433</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor SUZANNE GRAHAM</p> <p>Mailing Address of Donor 32OAKLAWN DRIVE</p> <p>City State Zip COVINGTON LA 70433</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor James Graves</p> <p>Mailing Address of Donor 3913 Centenary</p> <p>City State Zip Dallas TX 75225</p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor James Graves</p> <p>Mailing Address of Donor 3913 Centenary</p> <p>City State Zip Dallas TX 75225</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>4,000.00</p>
<p>TOTAL This Period (less page this line number only)</p> <p>(carry over from last page to line 9)</p>	<p>29,260.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor James Graves</p> <p>Mailing Address of Donor 3913 Centenary</p> <p>City State Zip Dallas TX 75225</p>	<p>Date of Receipt 0 9 / 0 8 / 2 0 0 4</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor John Grayson</p> <p>Mailing Address of Donor 158 Plymouth Dr</p> <p>City State Zip Palatine IL 60067</p>	<p>Date of Receipt 0 8 / 0 2 / 2 0 0 4</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Janice Greer</p> <p>Mailing Address of Donor 1107 Key Plaza #262</p> <p>City State Zip Key West FL 33040</p>	<p>Date of Receipt 0 8 / 0 6 / 2 0 0 4</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor JANICE GREER</p> <p>Mailing Address of Donor 1107 KEY PLAZA # 262</p> <p>City State Zip KEY WEST FL 33040</p>	<p>Date of Receipt 0 8 / 2 4 / 2 0 0 4</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Paul Griffin</p> <p>Mailing Address of Donor 24005 Ventura Blvd</p> <p>City State Zip Calabasas CA 91302</p>	<p>Date of Receipt 0 2 / 0 8 / 2 0 0 4</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (just enter this line number only) ▶ (carry total from last page to Line 1)</p>	<p>5,000.00</p> <p>29,760.00</p>

SCHEDULE 8-A

Donation(s) Received

<p>A. Full Name of Donor Paul Griffin</p> <p>Mailing Address of Donor 24005 Ventura Blvd</p> <p>City State Zip Calabasas CA 91302</p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor Paul Griffin</p> <p>Mailing Address of Donor 24005 Ventura Blvd</p> <p>City State Zip Calabasas CA 91302</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 2,500.00</p>
<p>C. Full Name of Donor Madison Grose</p> <p>Mailing Address of Donor 94 Dingtletown Road</p> <p>City State Zip Greenwich CT 06830</p>	<p>Date of Receipt 08 07 2004</p> <p>Amount 2,500.00</p>
<p>D. Full Name of Donor Bill Gross</p> <p>Mailing Address of Donor 125 Mansion Road</p> <p>City State Zip Elverson PA 19520</p>	<p>Date of Receipt 08 13 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Bill Gross</p> <p>Mailing Address of Donor 125 Mansion Road</p> <p>City State Zip Elverson PA 19520</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>8,500.00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>306,100.00</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Robert Guess</p> <p>Mailing Address of Donor 6 Treetops Lane</p> <p>City State Zip Danvers MA 01923</p>	<p>Date of Receipt 08 - 12 - 2004</p> <p>Amount 1,000.00</p>
<p>B. 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 08 - 28 - 2004</p> <p>Amount 500.00</p>
<p>C. 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 08 - 22 - 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor Skip Gunther</p> <p>Mailing Address of Donor 979 Kinghorn Drive</p> <p>City State Zip Kennesaw GA 30152</p>	<p>Date of Receipt 08 - 24 - 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Thomas Hale</p> <p>Mailing Address of Donor 3783 Center Way</p> <p>City State Zip Fairfax VA 22033</p>	<p>Date of Receipt 08 - 01 - 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 4,500.00</p>	
<p>TOTAL This Period (last page only for partner only) ▶ 3,106,000.00 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Lisa Hall</p> <p>Mailing Address of Donor 391 Nichols Run Ct.</p> <p>City State Zip Great Falls VA 22066</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor Jack Hamilton</p> <p>Mailing Address of Donor 311 N. Newport Ave.</p> <p>City State Zip Tamap FL 33606</p>	<p>Date of Receipt 08 28 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor kathy hannigan</p> <p>Mailing Address of Donor 391 claremont rd</p> <p>City State Zip Bernardsville NJ 07924</p>	<p>Date of Receipt 08 01 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor Alex Hanson</p> <p>Mailing Address of Donor One Moorehead</p> <p>City State Zip Pennington NJ 08534</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Steven Hargis</p> <p>Mailing Address of Donor PO Box 1407</p> <p>City State Zip Hereford TX 79045</p>	<p>Date of Receipt 08 14 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>6,500.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>317,100.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Forrest Harrell</p> <p>Mailing Address of Donor 14214 Bonney Brier Dr.</p> <p>City State Zip Houston TX 77069</p>	<p>Date of Receipt 0 9 / 0 2 / 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>B. Full Name of Donor Carl R. Harrington</p> <p>Mailing Address of Donor 1500 Candlewood Drive</p> <p>City State Zip Columbus OH 43235</p>	<p>Date of Receipt 0 9 / 0 3 / 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>C. Full Name of Donor Mike Harrington</p> <p>Mailing Address of Donor 108 Oakwood Place</p> <p>City State Zip Lynchburg VA 24503</p>	<p>Date of Receipt 0 8 / 0 6 / 2 0 0 4</p> <p>Amount 2 5 0 0 . 0 0</p>
<p>D. Full Name of Donor Mike Harrington</p> <p>Mailing Address of Donor 108 Oakwood Place</p> <p>City State Zip Lynchburg VA 24503</p>	<p>Date of Receipt 0 8 / 2 0 / 2 0 0 4</p> <p>Amount 5 0 0 0 . 0 0</p>
<p>E. Full Name of Donor Mike Harrington</p> <p>Mailing Address of Donor 108 Oakwood Place</p> <p>City State Zip Lynchburg VA 24503</p>	<p>Date of Receipt 0 8 / 3 0 / 2 0 0 4</p> <p>Amount 2 5 0 0 . 0 0</p>
<p>SUBTOTAL of Donations This Page (subtotal) ▶ 3 0 0 0 . 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 3 2 0 0 . 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Joanne Hart</p> <hr/> <p>Mailing Address of Donor 600 Columbus Avenue, Apt 12J</p> <hr/> <p>City State Zip New York NY 10024</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 250.00</p>
<p>B. Full Name of Donor Joanne Hart</p> <hr/> <p>Mailing Address of Donor 600 Columbus Avenue Apt 12J</p> <hr/> <p>City State Zip New York NY 10024</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 250.00</p>
<p>C. Full Name of Donor Joanne Hart</p> <hr/> <p>Mailing Address of Donor 600 Columbus Avenue, Apt 12J</p> <hr/> <p>City State Zip New York NY 10024</p>	<p>Date of Receipt 08 26 2004</p> <p>Amount 250.00</p>
<p>D. Full Name of Donor Joanne Hart</p> <hr/> <p>Mailing Address of Donor 600 Columbus Avenue, Apt. 12J</p> <hr/> <p>City State Zip New York NY 10024</p>	<p>Date of Receipt 09 08 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Edward Hatfield</p> <hr/> <p>Mailing Address of Donor 4905 Burley Hills</p> <hr/> <p>City State Zip Cincinnati OH 45243</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 2,250.00</p>	
<p>TOTAL This Period (last page this line number only) ▶ 3,223.50 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor John Hauck</p> <hr/> <p>Mailing Address of Donor 1151 Highland Pointe Dr.</p> <hr/> <p>City State Zip Town & Country MO 63131</p>	<p>Date of Receipt M A Y Y Y Y 0 8 0 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor John Hauck</p> <hr/> <p>Mailing Address of Donor 1151 Highland Pointe Dr.</p> <hr/> <p>City State Zip Town & Country MO 63131</p>	<p>Date of Receipt M A Y Y Y Y 0 8 0 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Frank Hawkins</p> <hr/> <p>Mailing Address of Donor 204 Ocean Drive</p> <hr/> <p>City State Zip Tavernier FL 33070</p>	<p>Date of Receipt M A Y Y Y Y 0 8 0 7 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Frank Hawkins</p> <hr/> <p>Mailing Address of Donor 204 Ocean Drive</p> <hr/> <p>City State Zip Tavernier FL 33070</p>	<p>Date of Receipt M A Y Y Y Y 0 8 0 3 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor Frank Hawkins</p> <hr/> <p>Mailing Address of Donor 204 Ocean Drive</p> <hr/> <p>City State Zip Tavernier FL 33070</p>	<p>Date of Receipt M A Y Y Y Y 0 8 0 4 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	
<p>..... ▶ 2 8 5 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	
<p>..... ▶ 3 2 5 2 0 0 0 0 (carry total from last page to Line 6)</p>	

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Frank Hawkins <hr/> Mailing Address of Donor 204 Ocean Drive <hr/> City State Zip Tavernier FL 33070	Date of Receipt Y M D Y M D 0 9 0 8 2 0 0 4 Amount 1 0 0 0 0 0
B. Full Name of Donor John Hawkins <hr/> Mailing Address of Donor 250 scudders Lane <hr/> City State Zip Roslyn NY 11576	Date of Receipt Y M D Y M D 0 8 2 6 2 0 0 4 Amount 1 0 0 0 0 0
C. Full Name of Donor Lovell E. Hayden, III <hr/> Mailing Address of Donor P.O.Box 14214 <hr/> City State Zip Monroe LA 71207	Date of Receipt Y M D Y M D 0 6 2 4 2 0 0 4 Amount 1 0 0 0 0 0
D. Full Name of Donor William J. Hayes <hr/> Mailing Address of Donor PO Box 25 <hr/> City State Zip West Barnstable MA 02668	Date of Receipt Y M D Y M D 0 8 3 1 2 0 0 4 Amount 1 0 0 0 0 0
E. Full Name of Donor MARK HEALY <hr/> Mailing Address of Donor 207 BLACKJACK OAK <hr/> City State Zip SAN ANTONIO TX 78230	Date of Receipt Y M D Y M D 0 9 0 1 2 0 0 4 Amount 1 0 0 0 0 0
SUBTOTAL of Donations This Page (optional) ▶	5 0 0 0 0 0
TOTAL This Period (last page this line number only) ▶ <small>(carry total from last page to line 9)</small>	3 3 0 2 0 0 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor john heaney			Date of Receipt 08 - 21 - 2004	
Mailing Address of Donor 9 lefe court, grenelefe estates			Amount 1 0 0 0 0 0	
City haines city	State FL	Zip 33844		
B. Full Name of Donor Chase P. Hearn			Date of Receipt 08 - 02 - 2004	
Mailing Address of Donor 104 Glenwood Dr			Amount 1 0 0 0 0 0	
City Williamsburg	State VA	Zip 23185		
C. Full Name of Donor Kay Hedeon			Date of Receipt 08 - 12 - 2004	
Mailing Address of Donor 218 North 14th Avenue			Amount 5 0 0 0 0 0	
City Sturgeon Bay	State WI	Zip 54235		
D. Full Name of Donor Kay Hedeon			Date of Receipt 08 - 09 - 2004	
Mailing Address of Donor 218 North 14 Avenue			Amount 1 0 0 0 0 0	
City Sturgeon Bay	State WI	Zip 54235		
E. Full Name of Donor G Ronald Henderson			Date of Receipt 08 - 19 - 2004	
Mailing Address of Donor 1801 Strathshire Hall Ln			Amount 1 0 0 0 0 0	
City Powell	State OH	Zip 43065		
SUBTOTAL of Donations This Page (optional)			4 5 0 0 0 0	
TOTAL This Period (last page lists his number only) (carry over from last page to line 9)			3 3 4 7 0 0 0 0	

SCHEDULE 9-A

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Donation(s) Received

A. Full Name of Donor Andrew Hendricks, MD			Date of Receipt 08 27 2004		
Mailing Address of Donor 103 Rosewood Drive			Amount 1,000.00		
City Lumberton	State NC	Zip 28358			
B. Full Name of Donor Madeline Henry			Date of Receipt 08 02 2004		
Mailing Address of Donor 10030 North Miller Court			Amount 1,000.00		
City Mequon	State WI	Zip 53092			
C. Full Name of Donor David Henstey			Date of Receipt 08 29 2004		
Mailing Address of Donor 31 Brush Everard Ct.			Amount 1,000.00		
City Stafford	State VA	Zip 22554			
D. Full Name of Donor Willis Hern			Date of Receipt 08 20 2004		
Mailing Address of Donor 3744 Cobbleridge Dr.			Amount 500.00		
City Charlotte	State NC	Zip 28215			
E. Full Name of Donor Willis Hern			Date of Receipt 08 31 2004		
Mailing Address of Donor 3744 Cobbleridge Dr.			Amount 500.00		
City Charlotte	State NC	Zip 28215			
SUBTOTAL of Donations This Page (optional) ▶			4,000.00		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)			3,387,000.00		

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Richard Herrington</p> <hr/> <p>Mailing Address of Donor 10487 Courtney Drive</p> <hr/> <p>City State Zip Fairfax VA 22030</p>	<p>Date of Receipt 08/24/2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor Richard Herrington</p> <hr/> <p>Mailing Address of Donor 10487 Courtney Drive</p> <hr/> <p>City State Zip Fairfax VA 22030</p>	<p>Date of Receipt 08/05/2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Sam Hertogs</p> <hr/> <p>Mailing Address of Donor 1350 South Frontage Road</p> <hr/> <p>City State Zip Hastings MN 55033</p>	<p>Date of Receipt 08/05/2004</p> <p>Amount 1000.00</p>
<p>D. Full Name of Donor Joseph Hess</p> <hr/> <p>Mailing Address of Donor P.O. Box 1049</p> <hr/> <p>City State Zip Tiburon CA 94920</p>	<p>Date of Receipt 08/02/2004</p> <p>Amount 1000.00</p>
<p>E. Full Name of Donor Stan Hiatt</p> <hr/> <p>Mailing Address of Donor 617 Violet St.</p> <hr/> <p>City State Zip Modesto CA 95356</p>	<p>Date of Receipt 08/21/2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 3,500.00</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ 3,422.00 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Stan Hiatt</p> <hr/> <p>Mailing Address of Donor 617 Violet St.</p> <hr/> <p>City State Zip Modesto CA 95356</p>	<p>Date of Receipt <small>MM DD YY</small> 08 26 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Stan Hiatt</p> <hr/> <p>Mailing Address of Donor 617 Violet St.</p> <hr/> <p>City State Zip Modesto CA 95356</p>	<p>Date of Receipt <small>MM DD YY</small> 08 27 2004</p> <p>Amount 2,500.00</p>
<p>C. Full Name of Donor Stan Hiatt</p> <hr/> <p>Mailing Address of Donor 617 Violet St.</p> <hr/> <p>City State Zip Modesto CA 95356</p>	<p>Date of Receipt <small>MM DD YY</small> 08 28 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor George Hibbs</p> <hr/> <p>Mailing Address of Donor 505 E 8th</p> <hr/> <p>City State Zip McMinnville OR 97128</p>	<p>Date of Receipt <small>MM DD YY</small> 08 08 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Billy E. Hibbs, Jr</p> <hr/> <p>Mailing Address of Donor 6708 Hollytree Circle</p> <hr/> <p>City State Zip Tyler TX 75703</p>	<p>Date of Receipt <small>MM DD YY</small> 08 07 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 6,500.00</p>	
<p>TOTAL This Period (last page lists line number only) ▶ 34,870.00 <small>(carry total from last page to Line 6)</small></p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Jeff Hill			Date of Receipt 0 9 / 0 8 / 2 0 0 4	
Mailing Address of Donor 104 Reagan Ct			Amount 5 0 0 0 0	
City	State	Zip		
Ventura	CA	93003		
B. Full Name of Donor Jeffrey Hill			Date of Receipt 0 8 / 2 1 / 2 0 0 4	
Mailing Address of Donor 104 Reagan Ct			Amount 5 0 0 0 0	
City	State	Zip		
Ventura	CA	93003		
C. Full Name of Donor Gary P. Hite			Date of Receipt 0 9 / 0 7 / 2 0 0 4	
Mailing Address of Donor 942 Lula Payne Trail			Amount 1 0 0 0 0 0	
City	State	Zip		
Ball Ground	GA	30107		
D. Full Name of Donor Craig Hobbs			Date of Receipt 0 8 / 2 0 / 2 0 0 4	
Mailing Address of Donor P.O. Box 10902			Amount 1 0 0 0 0 0	
City	State	Zip		
Bainbridge Isl.	WA	98110		
E. Full Name of Donor Conrad Hock, Jr.			Date of Receipt 0 9 / 0 1 / 2 0 0 4	
Mailing Address of Donor 13301 W. 99th St.			Amount 1 0 0 0 0 0	
City	State	Zip		
Lenexa	KS	66215		
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 8)			3 5 2 7 0 0 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Roy F. Hoffmann</p> <hr/> <p>Mailing Address of Donor 9030 Ivybridge Crossing</p> <hr/> <p>City State Zip Richmond VA 23236</p>	<p>Date of Receipt M D Y 0 6 1 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Joseph C. Hogan Jr.</p> <hr/> <p>Mailing Address of Donor 50 Oak Avenue</p> <hr/> <p>City State Zip Belmont MA 0247</p>	<p>Date of Receipt M D Y 0 8 1 9 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor John Holds</p> <hr/> <p>Mailing Address of Donor 8025 Daytona Dr.</p> <hr/> <p>City State Zip St. Louis MO 63105</p>	<p>Date of Receipt M D Y 0 9 0 8 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor William R. Honring</p> <hr/> <p>Mailing Address of Donor 1320 Fayetteville RD</p> <hr/> <p>City State Zip Rockingham NC 28379</p>	<p>Date of Receipt M D Y 0 8 0 7 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor William Hoskins</p> <hr/> <p>Mailing Address of Donor 85 East India Row 20A/B</p> <hr/> <p>City State Zip Boston MA 02110</p>	<p>Date of Receipt M D Y 0 8 2 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 5 0 0 0 0 0</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ 3 5 7 7 0 0 0 0 (carry total from last page to LINE 6)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor john huarte			Date of Receipt 0 8 / 2 5 / 2 0 0 4	
Mailing Address of Donor 14959 la cumbre dr.			Amount 2 5 0 0 0	
City pacific palisades	State CA	Zip 90272		
B. Full Name of Donor John G. Huarte			Date of Receipt 0 8 / 2 5 / 2 0 0 4	
Mailing Address of Donor 14959 La Cumbre Dr			Amount 1 0 0 0 0 0	
City Pacific Palisade	State CA	Zip 90272		
C. Full Name of Donor Albert D. Huddleston			Date of Receipt 0 7 / 1 5 / 2 0 0 4	
Mailing Address of Donor 3921 Normandy Avenue			Amount 5 0 0 0 0 0	
City Dallas	State TX	Zip 75205		
D. Full Name of Donor Albert Huddleston			Date of Receipt 0 8 / 0 2 / 2 0 0 4	
Mailing Address of Donor 3921 Normandy Avenue			Amount 5 0 0 0 0 0	
City Dallas	State TX	Zip 75205		
E. Full Name of Donor james hunter			Date of Receipt 0 8 / 2 5 / 2 0 0 4	
Mailing Address of Donor 5800 Sears Tower			Amount 1 0 0 0 0 0	
City Chicago	State IL	Zip 60606		
SUBTOTAL of Donations This Page (optional)			1 0 2 2 5 0 0 0	
TOTAL This Period (last page use line number only) (carry total from last page to line 9)			4 5 9 9 5 0 0 0	

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Joanne Hunter Mailing Address of Donor 832 First St. City State Zip Manhattan Beach CA 90266	Date of Receipt 0 5 - 0 1 - 2 0 0 4 Amount 1 0 0 0 0 0
B. Full Name of Donor Anne Gibboney Huske Mailing Address of Donor 205 E 78th Street ,Apt.16H City State Zip New York NY 10021	Date of Receipt 0 9 - 0 7 - 2 0 0 4 Amount 1 0 0 0 0 0
C. Full Name of Donor Thomas Hyer Mailing Address of Donor 4 Holbein Mews City State Zip London, UK NU SW1W	Date of Receipt 0 8 - 2 8 - 2 0 0 4 Amount 1 0 0 0 0 0
D. Full Name of Donor Robert Ingram Mailing Address of Donor 8 Shaftsbury Ln. City State Zip Hilton Head SC 29926	Date of Receipt 0 2 - 0 8 - 2 0 0 4 Amount 1 0 0 0 0 0
E. Full Name of Donor Paul Isaac Mailing Address of Donor 75 Prospect Avenue City State Zip Larchmont NY 10538	Date of Receipt 0 8 - 2 4 - 2 0 0 4 Amount 1 0 0 0 0 0
SUBTOTAL of Donations This Page (optional)	5 0 0 0 0 0
TOTAL This Period (last page this line number only) (carry total from last page to Line 5)	4 6 4 9 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

PAGE 72 OF 145

A. Full Name of Donor Paul Isaac Mailing Address of Donor 75 Prospect Avenue City State Zip Larchmont NY 10538	Date of Receipt 08 29 2004 Amount 1,000.00
B. Full Name of Donor Ann Iverson Mailing Address of Donor 2902 West Lane Drive, Unit E City State Zip Houston TX 77027	Date of Receipt 08 20 2004 Amount 500.00
C. Full Name of Donor Ann Iverson Mailing Address of Donor 2902 West Lane Drive, Unit E City State Zip Houston TX 77027	Date of Receipt 09 08 2004 Amount 500.00
D. Full Name of Donor Frank Jackson Mailing Address of Donor 1460 Raven Hill Rd City State Zip Mechanicsburg PA 17055	Date of Receipt 08 22 2004 Amount 1,000.00
E. Full Name of Donor Ron and Susan Jackson Mailing Address of Donor 13331 Buckland Hall Rd. City State Zip St. Louis MO 63131	Date of Receipt 08 12 2004 Amount 1,000.00
SUBTOTAL of Donations This Page (5/10/10)	4,000.00
TOTAL This Period (last page has line number only) (carry total from last page to Line 9)	4,689,500.00

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Betty Jean Salyer			Date of Receipt 0 8 - 0 2 - 2 0 0 4		
Mailing Address of Donor 172 Lily Lane			Amount 1 0 0 0 0 0		
City Whittier	State NC	Zip 28789			
B. Full Name of Donor Thomas Jeckesing			Date of Receipt 0 8 - 0 7 - 2 0 0 4		
Mailing Address of Donor 7720 Mayfield Rd			Amount 5 0 0 0 0 0		
City Gates Mill	State OH	Zip 44040			
C. Full Name of Donor Edward Jesele			Date of Receipt 0 8 - 2 9 - 2 0 0 4		
Mailing Address of Donor 732 El Rodeo Road			Amount 1 0 0 0 0 0		
City Santa Barbara	State CA	Zip 93110			
D. Full Name of Donor Henry Jimenez			Date of Receipt 0 8 - 2 4 - 2 0 0 4		
Mailing Address of Donor 2172 March Place			Amount 1 0 0 0 0 0		
City San Diego	State CA	Zip 92110			
E. Full Name of Donor James Johnson			Date of Receipt 0 8 - 2 7 - 2 0 0 4		
Mailing Address of Donor 7418 Maryland Ave.			Amount 1 0 0 0 0 0		
City St. Louis	State MO	Zip 63130			
SUBTOTAL of Donations This Page (split only)			0 0 0 0 0 0		
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			4 7 7 9 5 0 0 0		

SCHEDULE 8-A
Donation(s) Received

PAGE 74 OF 145

A. Full Name of Donor Raymond Johnson Mailing Address of Donor 340 Marcia Dr. City State Zip Luling LA 70070	Date of Receipt M D Y 0 6 2 8 2 0 0 4 Amount 1 0 0 0 0 0
B. Full Name of Donor Robert Johnson Mailing Address of Donor 1500 Sixth St S City State Zip Minneapolis MN 55454	Date of Receipt M D Y 0 8 2 5 2 0 0 4 Amount 1 0 0 0 0 0
C. Full Name of Donor Thomas Johnson Mailing Address of Donor Post Office Box 421549 City State Zip Atlanta GA 30342	Date of Receipt M D Y 0 9 0 2 2 0 0 4 Amount 1 0 0 0 0 0
D. Full Name of Donor Dean Johnston Mailing Address of Donor 19 Snowfield Ct. City State Zip Midland MI 48640	Date of Receipt M D Y 0 8 3 1 2 0 0 4 Amount 1 0 0 0 0 0
E. Full Name of Donor Richard H. Jones Mailing Address of Donor PO Box 1549 City State Zip Melrose FL 32666	Date of Receipt M D Y 0 8 2 5 2 0 0 4 Amount 1 0 0 0 0 0
SUBTOTAL of Donations This Page (optional)	5 0 0 0 0 0
TOTAL This Period (last page this line number only) (carry total from last page to Line 4)	4 8 2 9 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor benjamin karcher</p> <p>Mailing Address of Donor 2300 e. orangewod ave</p> <p>City State Zip anaheim CA 92806</p>	<p>Date of Receipt 09 01 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Harvey Karp</p> <p>Mailing Address of Donor 10 West End Road(P O.Box 30)</p> <p>City State Zip East Hampton NY 11937</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Harvey Karp</p> <p>Mailing Address of Donor P.O.Box 30</p> <p>City State Zip East Hampton NY 11937</p>	<p>Date of Receipt 08 05 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Harvey Karp</p> <p>Mailing Address of Donor P.O.Box 30 (10 West End Road)</p> <p>City State Zip East Hampton NY 11937</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Paul M. Keating</p> <p>Mailing Address of Donor PO Box 277</p> <p>City State Zip Westwood Ma 02090</p>	<p>Date of Receipt 08 07 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</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> <p>4 8 7 9 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Paul M. Keating Mailing Address of Donor PO Box 277 City State Zip Westwood MA 02090	Date of Receipt 0 9 0 2 2 0 0 4 Amount 1 0 0 0 0 0
B. Full Name of Donor steven a. kempe Mailing Address of Donor P.O. Box 450006 City State Zip Houston TX 77245	Date of Receipt 0 8 2 6 2 0 0 4 Amount 1 0 0 0 0 0
C. Full Name of Donor Mark Kendrat Mailing Address of Donor 835 Crest Dr City State Zip Cary IL 60013	Date of Receipt 0 8 2 2 2 0 0 4 Amount 2 5 0 0 0 0
D. Full Name of Donor Charles King Mailing Address of Donor 416 Sand Hill Circle City State Zip Menlo Park CA 94025	Date of Receipt 0 8 1 8 2 0 0 4 Amount 1 0 0 0 0 0
E. Full Name of Donor Rodger B. King Mailing Address of Donor PO BOX 1008 City State Zip Tampa FL 33601	Date of Receipt 0 8 0 7 2 0 0 4 Amount 1 0 0 0 0 0
SUBTOTAL of Donations This Page (optional)	6 5 0 0 0 0
TOTAL This Period (last page this line number only) (only total from last page to Line 9)	4 9 4 4 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Barney Klinger</p> <p>Mailing Address of Donor 21604 Parvin Drive</p> <p>City State Zip Santa Clarita CA 91350</p>	<p>Date of Receipt 09 01 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Aki Korhonen</p> <p>Mailing Address of Donor 765 Summer Star Place</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 08 04 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Karen A. Kovai</p> <p>Mailing Address of Donor 507 Valhalla Lane</p> <p>City State Zip Sewickley Heights PA 15143</p>	<p>Date of Receipt 09 07 2004</p> <p>Amount 5,000.00</p>
<p>D. Full Name of Donor norman krischer</p> <p>Mailing Address of Donor 151 highland ave</p> <p>City State Zip montclair NJ 07042</p>	<p>Date of Receipt 06 28 2004</p> <p>Amount 2,500.00</p>
<p>E. Full Name of Donor Mark Kroll</p> <p>Mailing Address of Donor 493 Sinaloa Road</p> <p>City State Zip Simi Valley CA 93065</p>	<p>Date of Receipt 09 05 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1,050.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line E)</p>	<p>5,049.50</p>

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor arthur kubach Mailing Address of Donor 24 sunflower circle City State Zip lumberton NJ 08040	Date of Receipt M D Y 0 8 2 0 2 0 0 4 Amount 1 0 0 0 0 0
B. Full Name of Donor Ray Kubly Mailing Address of Donor 1112 7th Ave City State Zip Monroe WI 53566	Date of Receipt M D Y 0 8 2 0 2 0 0 4 Amount 1 0 0 0 0 0
C. Full Name of Donor Ray Kubly Mailing Address of Donor 1112 7th ave City State Zip Monroe WI 53566	Date of Receipt M D Y 0 9 0 9 2 0 0 4 Amount 1 0 0 0 0 0
D. Full Name of Donor Dean Kyer Mailing Address of Donor 86 Hunting Hills City State Zip Charleston WV 25311	Date of Receipt M D Y 0 6 2 1 2 0 0 4 Amount 1 0 0 0 0 0
E. Full Name of Donor Leon Lang Mailing Address of Donor 26417 N. Fernbush Dr. City State Zip Glendale AZ 85310	Date of Receipt M D Y 0 8 2 4 2 0 0 4 Amount 1 0 0 0 0 0
SUBTOTAL of Donations This Page (optional) ▶	5 0 0 0 0 0
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line B)	5 0 9 9 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Ed Lasky			Date of Receipt 08 21 2004	
Mailing Address of Donor 1250 Ridge Road			Amount 500.00	
City Northbrook	State IL	Zip 60062		
B. Full Name of Donor Ed Lasky			Date of Receipt 09 02 2004	
Mailing Address of Donor 1250 Ridge Rd			Amount 500.00	
City Northbrook	State IL	Zip 60062		
C. Full Name of Donor Elizabeth Latham			Date of Receipt 08 28 2004	
Mailing Address of Donor 2539 Logmill Rd			Amount 1000.00	
City Haymarket	State VA	Zip 20169		
D. Full Name of Donor William Latham			Date of Receipt 08 26 2004	
Mailing Address of Donor 2539 Logmill Rd			Amount 3000.00	
City Haymarket	State VA	Zip 20169		
E. Full Name of Donor John Lavigne			Date of Receipt 08 19 2004	
Mailing Address of Donor 4113 Lawrence street			Amount 500.00	
City Alexandria	State VA	Zip 22309		
SUBTOTAL of Donations This Page (optional)			5,500.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 5)			5,154,500.00	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John Lavigne</p> <p>Mailing Address of Donor 4113 Lawrence Street</p> <p>City State Zip Alexandria VA 22309</p>	<p>Date of Receipt M M Y Y 0 8 2 0 2 0 0 4</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor Tim Lee</p> <p>Mailing Address of Donor 9825 Willows Road NE, Suite 100</p> <p>City State Zip Redmond WA 98052</p>	<p>Date of Receipt M M Y Y 0 8 2 0 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>C. Full Name of Donor Michael Leib</p> <p>Mailing Address of Donor 51 Centre Hill Road</p> <p>City State Zip Sugarloaf PA 18249</p>	<p>Date of Receipt M M Y Y 0 8 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. 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 M M Y Y 0 8 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Daryl Leifheit</p> <p>Mailing Address of Donor 3820 Huffman Mill Pike</p> <p>City State Zip Lexington KY 40511</p>	<p>Date of Receipt M M Y Y 0 8 2 0 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>SUBTOTAL of Donations (This Page (optional)) ▶</p> <p style="text-align: right;">6 6 0 0 0 0</p>	
<p>TOTAL This Period (last page lists line number only) ▶ (carry total from last page to Line 9)</p> <p style="text-align: right;">5 2 2 0 5 0 0 0</p>	

SCHEDULE 9-A

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Donation(s) Received

A. Full Name of Donor Norman F. Lent <hr/> Mailing Address of Donor 2336 South Queen St. <hr/> City State Zip Arlington VA 22202	Date of Receipt Y M D Y M D 0 8 3 1 2 0 0 4 Amount 1,000.00
B. Full Name of Donor Steven Levine <hr/> Mailing Address of Donor 26800 Degas Ln <hr/> City State Zip Valencia CA 91355	Date of Receipt Y M D Y M D 0 8 2 0 2 0 0 4 Amount 1,000.00
C. Full Name of Donor Richard Levy <hr/> Mailing Address of Donor P.O. Box 2356 (887 Wildrose Circle) <hr/> City State Zip Lake Arrowhead CA 92352	Date of Receipt Y M D Y M D 0 8 2 5 2 0 0 4 Amount 1,000.00
D. Full Name of Donor Edward Lewandowski <hr/> Mailing Address of Donor 805 Darrell Road <hr/> City State Zip Hillsborough CA 94010	Date of Receipt Y M D Y M D 0 8 2 0 2 0 0 4 Amount 1,000.00
E. Full Name of Donor John J. Lewis, Jr <hr/> Mailing Address of Donor 212 Dale Avenue <hr/> City State Zip Scranton PA 18504	Date of Receipt Y M D Y M D 0 8 0 7 2 0 0 4 Amount 1,000.00
SUBTOTAL of Donations This Page (optional) ▶	5,000.00
TOTAL This Period (last page this line number only) ▶ <small>(carry total from last page to Line 9)</small>	5,270.50

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Yung Lim			Date of Receipt 08 09 2004	
Mailing Address of Donor 57 East Delaware Place, #3705			Amount 1,000.00	
City Chicago	State IL	Zip 60611		
B. Full Name of Donor Robert C. Lindquist			Date of Receipt 08 30 2004	
Mailing Address of Donor 2 Crazy Horse Court			Amount 1,000.00	
City Palm Coast	State FL	Zip 32137		
C. Full Name of Donor Christine M. Lindsay			Date of Receipt 05 17 2004	
Mailing Address of Donor 38 Maria Drive			Amount 2,000.00	
City Loudonville	State NY	Zip 12211		
D. Full Name of Donor HAROLD LOVEMAN			Date of Receipt 08 15 2004	
Mailing Address of Donor 7 PLEASANT HILL DR.			Amount 500.00	
City P.V.E.	State CA	Zip 90274		
E. Full Name of Donor HAROLD LOVEMAN			Date of Receipt 08 25 2004	
Mailing Address of Donor 7 PLEASANT HILL DR.			Amount 500.00	
City ROLLING HILLS EST	State CA	Zip 90274		
SUBTOTAL of Donations This Page (optional)			5,000.00	
TOTAL This Period (see page five number only) (copy total from last page to Line 8)			5,320.50	

SCHEDULE 9-A

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Donation(s) Received

A. Full Name of Donor HAROLD LUKAS			Date of Receipt 0 8 - 0 8 - 2 0 0 4	
Mailing Address of Donor 7541 W 119TH			Amount 5 0 0 0 0	
City OVERLAND PARK	State KS	Zip 66213		
B. Full Name of Donor HAROLD LUKAS			Date of Receipt 0 8 - 0 8 - 2 0 0 4	
Mailing Address of Donor 7541 WEST 119TH			Amount 5 0 0 0 0	
City OVERLAND PARK	State KS	Zip 66213		
C. Full Name of Donor Michael Macielag			Date of Receipt 0 8 - 2 5 - 2 0 0 4	
Mailing Address of Donor 23463 Cacaway Farm Lane			Amount 1 0 0 0 0 0	
City Chestertown	State MD	Zip 21620		
D. Full Name of Donor J.S. Mailho			Date of Receipt 0 8 - 2 1 - 2 0 0 4	
Mailing Address of Donor 2954 Pine Valley			Amount 2 5 0 0 0 0	
City Sandestin	State FL	Zip 32550		
E. Full Name of Donor walter malinowski			Date of Receipt 0 8 - 2 0 - 2 0 0 4	
Mailing Address of Donor 8903 chequers way			Amount 1 0 0 0 0 0	
City mclean	State VA	Zip 22102		
SUBTOTAL of Donations This Page (collocate) ▶			5 5 0 0 0 0	
TOTAL This Period (last page this line number only) ▶ (carry over from last page to Line 8)			5 3 7 5 5 0 0 0	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Thomas Maney			Date of Receipt 0 6 - 0 2 - 2 0 0 4	
Mailing Address of Donor 535 Greenglade Ave.			Amount 1 0 0 0 0 0	
City Worthington	State OH	Zip 43085		
B. Full Name of Donor Thomas P. Maney			Date of Receipt 0 2 - 0 2 - 2 0 0 4	
Mailing Address of Donor 535 Greenglade Ave			Amount 1 0 0 0 0 0	
City Worthington	State OH	Zip 43085		
C. Full Name of Donor Kenneth Marcus			Date of Receipt 0 8 - 1 1 - 2 0 0 4	
Mailing Address of Donor 12494 Palos Tierra Road			Amount 5 0 0 0 0 0	
City Valley Center	State CA	Zip 92082		
D. Full Name of Donor Kenneth J. Marcus			Date of Receipt 0 9 - 0 8 - 2 0 0 4	
Mailing Address of Donor 12494 Palos Tierra Road			Amount 5 0 0 0 0 0	
City Valley Center	State CA	Zip 92082		
E. Full Name of Donor Col. Franklin D. Margiotta			Date of Receipt 0 8 - 2 6 - 2 0 0 4	
Mailing Address of Donor 6383 Avington Place			Amount 1 0 0 0 0 0	
City Gainesville	State VA	Zip 20155		
SUBTOTAL of Donations This Page (optional)			3 1 0 0 0 0	
TOTAL This Period (less page this line number only) (carry total from last page to Line 9)			5 4 0 6 5 0 0 0	

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Wm. Marshall Lee</p> <p>Mailing Address of Donor 84 Otis Road</p> <p>City State Zip Barrington IL 60010</p>	<p>Date of Receipt 08 03 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor John Martin</p> <p>Mailing Address of Donor Box 50190</p> <p>City State Zip Casper WY 82605</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 2,500.00</p>
<p>C. Full Name of Donor laurel martin</p> <p>Mailing Address of Donor 1690 cielito drive</p> <p>City State Zip glendale CA 91207</p>	<p>Date of Receipt 08 06 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor rex s. martin</p> <p>Mailing Address of Donor 1915 cocoplum way</p> <p>City State Zip naples FL 34105</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor William Martin</p> <p>Mailing Address of Donor P.O. Box 1003</p> <p>City State Zip Charles Town WV 25414</p>	<p>Date of Receipt 08 04 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>6,500.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>5,471.50</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Stephen Matthews</p> <hr/> <p>Mailing Address of Donor 8045 West 383rd St.</p> <hr/> <p>City State Zip LaCygne KS 66040</p>	<p>Date of Receipt 0 8 - 2 2 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Michael Maurer</p> <hr/> <p>Mailing Address of Donor 9209 Falcon Way</p> <hr/> <p>City State Zip Sandy UT 84093</p>	<p>Date of Receipt 0 8 - 2 0 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Aubrey McClendon</p> <hr/> <p>Mailing Address of Donor 6902 Avondale Drive</p> <hr/> <p>City State Zip Oklahoma City OK 73116</p>	<p>Date of Receipt 0 9 - 0 8 - 2 0 0 4</p> <p>Amount 2 5 0 0 0 0 0 0</p>
<p>D. Full Name of Donor Thomas McGrath</p> <hr/> <p>Mailing Address of Donor 21 Wychwood Lane</p> <hr/> <p>City State Zip Langhorne PA 19047</p>	<p>Date of Receipt 0 8 - 0 8 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Thomas McGrath</p> <hr/> <p>Mailing Address of Donor 21 Wychwood Lane</p> <hr/> <p>City State Zip Langhorne PA 19047</p>	<p>Date of Receipt 0 8 - 0 8 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 2 5 4 0 0 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 8 0 1 1 5 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Dana C. McManus</p> <p>Mailing Address of Donor 59 Lupin Ln.</p> <p>City State Zip Atherton CA 94027</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Douglas McMillan</p> <p>Mailing Address of Donor 707 Goodrich Avenue</p> <p>City State Zip St. Paul MN 55105</p>	<p>Date of Receipt 09 03 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Paul McTigue</p> <p>Mailing Address of Donor 15 Gainsborough Road</p> <p>City State Zip Scarsdale NY 10583</p>	<p>Date of Receipt 09 07 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Daniel E. Meehan</p> <p>Mailing Address of Donor 1473 East Goodrich Lane</p> <p>City State Zip Fox Point WI 53217</p>	<p>Date of Receipt 08 30 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Gilbert Meehan</p> <p>Mailing Address of Donor 9 Coprock Road</p> <p>City State Zip Tarrytown NY 10591</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9) ▶</p>	<p>1 4 0 0 0 0</p> <p>8 1 5 1 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor James melters</p> <p>Mailing Address of Donor 5160 s sterling way</p> <p>City State Zip springfield MO 65809</p>	<p>Date of Receipt M D Y Y 0 8 1 9 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Philip Mercer</p> <p>Mailing Address of Donor 11208 Ridermark Row</p> <p>City State Zip Columbia, MD 21044</p>	<p>Date of Receipt M D Y Y 0 8 1 9 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>C. Full Name of Donor thomas mercurio</p> <p>Mailing Address of Donor 10411 windtree drive</p> <p>City State Zip los angeles CA 90077</p>	<p>Date of Receipt M D Y Y 0 9 0 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Hazel G. Meske</p> <p>Mailing Address of Donor 11 upper Woodcrest Rd</p> <p>City State Zip Berwick PA 18603</p>	<p>Date of Receipt M D Y Y 0 8 0 7 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Connie Metrock</p> <p>Mailing Address of Donor PO Box 36</p> <p>City State Zip Montevallo AL 35115</p>	<p>Date of Receipt M D Y Y 0 8 2 6 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 the line number only) ▶ 8 2 1 6 5 0 0 0 (carry total from last page to Line 5)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Michael C. Mewhinney			Date of Receipt M M . D Y . Y Y Y Y 0 3 . 0 7 . 2 0 0 4	
Mailing Address of Donor 4242 Cochran Chapel			Amount . 5 0 0 0 0 0	
City Dallas	State TX	Zip 75201		
B. Full Name of Donor Joseph meyer			Date of Receipt M M . D Y . Y Y Y Y 0 6 . 2 1 . 2 0 0 4	
Mailing Address of Donor 4899 5th ave north			Amount . 2 5 0 0 0 0	
City st petersburg	State FL	Zip 33713		
C. Full Name of Donor Wolf Michelson			Date of Receipt M M . D Y . Y Y Y Y 0 8 . 3 1 . 2 0 0 4	
Mailing Address of Donor 980 Mary Crest Rd. Suite B			Amount . 1 0 0 0 0 0	
City Henderson	State NV	Zip 89014		
D. Full Name of Donor Carl Middleton			Date of Receipt M M . D Y . Y Y Y Y 0 8 . 2 0 . 2 0 0 4	
Mailing Address of Donor 3219 N. Wakefield St.			Amount . 1 0 0 0 0 0	
City Arlington	State VA	Zip 22207		
E. Full Name of Donor Magdy Mikhail			Date of Receipt M M . D Y . Y Y Y Y 0 8 . 2 3 . 2 0 0 4	
Mailing Address of Donor 78 Hampton Oval			Amount . 1 0 0 0 0 0	
City New Rochelle	State NY	Zip 10805		
SUBTOTAL of Donations This Page (see line 9)			. 1 0 5 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			. 8 3 2 1 5 0 0 0	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Joseph Miller			Date of Receipt 0 5 / 2 1 / 2 0 0 4	
Mailing Address of Donor 7327 Christopher Drive			Amount 2,500.00	
City St. Louis	State MO	Zip 63129		
B. Full Name of Donor Robert Miller			Date of Receipt 0 5 / 0 8 / 2 0 0 4	
Mailing Address of Donor 2271 Country Club Drive			Amount 1,000.00	
City Pittsburgh	State PA	Zip 15241		
C. Full Name of Donor richard minshall			Date of Receipt 0 8 / 0 1 / 2 0 0 4	
Mailing Address of Donor 320 south boston suite 825			Amount 1,000.00	
City tulsa	State OK	Zip 74103		
D. Full Name of Donor John Mitchell			Date of Receipt 0 5 / 2 5 / 2 0 0 4	
Mailing Address of Donor PO Box 606			Amount 1,000.00	
City Deer Park	State WA	Zip 99006		
E. Full Name of Donor John E. Mitchell			Date of Receipt 0 5 / 0 2 / 2 0 0 4	
Mailing Address of Donor PO Box 606			Amount 1,000.00	
City Deer Park	State WA	Zip 99006		
SUBTOTAL of Donations This Page (optional)			5,500.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			8,575.00	

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Dan Moody <hr/> Mailing Address of Donor 3003 W. Alabama <hr/> City State Zip Houston TX 77098	Date of Receipt M M D D Y Y Y Y 0 8 2 4 2 0 0 4 <hr/> Amount 2,500.00
B. Full Name of Donor Dan M Moody III <hr/> Mailing Address of Donor 3003 W. Alabama <hr/> City State Zip Houston TX 77098	Date of Receipt M M D D Y Y Y Y 0 8 2 4 2 0 0 4 <hr/> Amount 2,500.00
C. Full Name of Donor William Mora <hr/> Mailing Address of Donor 1612 Billy Casper Dr. <hr/> City State Zip El Paso TX 79936	Date of Receipt M M D D Y Y Y Y 0 8 2 2 2 0 0 4 <hr/> Amount 1,000.00
D. Full Name of Donor Richard Morash <hr/> Mailing Address of Donor 52 Chestnut Streets <hr/> City State Zip Boston MA 02108	Date of Receipt M M D D Y Y Y Y 0 8 0 2 2 0 0 4 <hr/> Amount 1,000.00
E. Full Name of Donor David Morgan <hr/> Mailing Address of Donor 18922 76th Ave SE <hr/> City State Zip Snohomish WA 98296	Date of Receipt M M D D Y Y Y Y 0 8 1 4 2 0 0 4 <hr/> Amount 1,000.00
SUBTOTAL of Donations This Page (optional)	7,100.00
TOTAL This Period (last page this line number only) <small>(carry total from last page to Line 9)</small>	8,448.50

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor David Morgan</p> <p>Mailing Address of Donor 18922 76th Ave SE</p> <p>City State Zip Snohomish WA 98296</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor John Morgan</p> <p>Mailing Address of Donor 6028 Cessna Dr</p> <p>City State Zip Rockford IL 61109</p>	<p>Date of Receipt 08 07 2004</p> <p>Amount 2,500.00</p>
<p>C. Full Name of Donor John Morgan</p> <p>Mailing Address of Donor 6028 Cessna Dr</p> <p>City State Zip Rockford IL 61109</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 2,500.00</p>
<p>D. Full Name of Donor John Morgan</p> <p>Mailing Address of Donor 6028 Cessna Dr</p> <p>City State Zip Rockford IL 61109</p>	<p>Date of Receipt 08 27 2004</p> <p>Amount 5,000.00</p>
<p>E. Full Name of Donor G. Thomas Mortensen</p> <p>Mailing Address of Donor 2252 Encinal Avenue</p> <p>City State Zip Alameda CA 94501</p>	<p>Date of Receipt 08 27 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page use the number only) ▶ (carry total from last page to line 9)</p>	<p>3,000.00</p> <p>8,478.50</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor alexandra morton</p> <p>Mailing Address of Donor po box 2876</p> <p>City State Zip alpharetta GA 30023</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor cyril moule-berteaux</p> <p>Mailing Address of Donor 112 east 19th st (apt 7R)</p> <p>City State Zip new york NY 10003</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor mary movick</p> <p>Mailing Address of Donor 157 cottonwood</p> <p>City State Zip coppell TX 75019</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 250.00</p>
<p>D. Full Name of Donor mary movick</p> <p>Mailing Address of Donor 157 cottonwood</p> <p>City State Zip coppell TX 75019</p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 250.00</p>
<p>E. Full Name of Donor mary movick</p> <p>Mailing Address of Donor 157 cottonwood</p> <p>City State Zip coppell TX 75019</p>	<p>Date of Receipt 08 28 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page the line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>3,000.00</p> <p>8,508.50</p>

SCHEDULE 3-A
Donation(s) Received

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A. Full Name of Donor stanley mrose			Date of Receipt 0 8 2 8 2 0 0 4	
Mailing Address of Donor 3 stonewall circle			Amount 1 0 0 0 0 0	
City west harrison	State NY	Zip 10604		
B. Full Name of Donor Paul Murphy			Date of Receipt 0 8 1 2 2 0 0 4	
Mailing Address of Donor 200 Seaport Blvd Z1C			Amount 2 5 0 0 0 0	
City Boston	State MA	Zip 02210		
C. Full Name of Donor Marcia Naporano			Date of Receipt 0 8 0 7 2 0 0 4	
Mailing Address of Donor PO Box 187			Amount 1 0 0 0 0 0	
City Essex Fells	State NJ	Zip 07021		
D. Full Name of Donor Brenda & Kent Nelson			Date of Receipt 0 8 2 0 2 0 0 4	
Mailing Address of Donor 10003 W Evans Ave			Amount 1 0 0 0 0 0	
City Lakewood	State CO	Zip 80227		
E. Full Name of Donor James Nelson			Date of Receipt 0 8 0 2 2 0 0 4	
Mailing Address of Donor 1854 alta vista dr			Amount 1 0 0 0 0 0	
City Roseville	State MN	Zip 55113		
SUBTOTAL of Donations This Page (optional)			6 5 0 0 0 0	
TOTAL This Period (last page the line number only) (carry total from last page to Line 5)			8 5 7 3 5 0 0 0	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor leonard nelson</p> <p>Mailing Address of Donor 137 ammons drive</p> <p>City State Zip raleigh NC 27615</p>	<p>Date of Receipt 0 5 / 0 5 / 2 0 0 4</p> <p>Amount 1 0 0 0 0</p>
<p>B. Full Name of Donor leonard nelson</p> <p>Mailing Address of Donor 137 ammons drive</p> <p>City State Zip raleigh NC 27615</p>	<p>Date of Receipt 0 5 / 2 4 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Theodore Newlin</p> <p>Mailing Address of Donor 60 Caldwell Road</p> <p>City State Zip Stillwater NY 12170</p>	<p>Date of Receipt 0 8 / 0 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Robert Nickell</p> <p>Mailing Address of Donor 4655 Meadowood Rd.</p> <p>City State Zip Dallas TX 75220</p>	<p>Date of Receipt 0 6 / 2 8 / 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>E. Full Name of Donor Kathleen Nielson</p> <p>Mailing Address of Donor 400 Lone Eagle Point</p> <p>City State Zip Lafayette CO 80026</p>	<p>Date of Receipt 0 8 / 2 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 5 6 0 0 0 0</p>	
<p>TOTAL This Period (last page this line number only) ▶ 6 8 2 9 5 0 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Richard Nielson			Date of Receipt 08 27 2004	
Mailing Address of Donor 141 Riverplace Drive			Amount 1,000.00	
City Pierre	State SD	Zip 57501		
B. Full Name of Donor steve nixon			Date of Receipt 08 01 2004	
Mailing Address of Donor 12030 clark st.			Amount 1,000.00	
City santa fe springs	State CA	Zip 90670		
C. Full Name of Donor Frederick Noble			Date of Receipt 08 07 2004	
Mailing Address of Donor 41-700 Corporate Way Suite D			Amount 2,500.00	
City Palm Desert	State CA	Zip 92260		
D. Full Name of Donor Frederick Noble			Date of Receipt 08 20 2004	
Mailing Address of Donor 41-700 Corporate Way Suite D			Amount 2,500.00	
City Palm Desert	State CA	Zip 92260		
E. Full Name of Donor John O'Neill			Date of Receipt 05 04 2004	
Mailing Address of Donor 1000 Louisiana, Suite 1800			Amount 2,500.00	
City Houston	State TX	Zip 77002		
SUBTOTAL of Donations This Page (optional)			3,200.00	
TOTAL This Period (last page title (no number only) (carry total from last page to Line 9)			8,949.50	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John O'Neil</p> <p>Mailing Address of Donor 1000 Louisiana, Suite 1800</p> <p>City State Zip Houston TX 77002</p>	<p>Date of Receipt 07 02 2004</p> <p>Amount 1061000</p>
<p>B. Full Name of Donor Richard OBrien</p> <p>Mailing Address of Donor PO Box 698</p> <p>City State Zip White Stone VA 22578</p>	<p>Date of Receipt 08 15 2004</p> <p>Amount 1000000</p>
<p>C. Full Name of Donor Rebecca Onaill</p> <p>Mailing Address of Donor 502 South Beach Road</p> <p>City State Zip Hobe Sound FL 33455</p>	<p>Date of Receipt 09 07 2004</p> <p>Amount 5000000</p>
<p>D. Full Name of Donor fred palmer</p> <p>Mailing Address of Donor 4 ridgemoor drive</p> <p>City State Zip clayton MO 63105</p>	<p>Date of Receipt 09 03 2004</p> <p>Amount 1000000</p>
<p>E. Full Name of Donor Louis Panigutti</p> <p>Mailing Address of Donor 21 Huntingtown Rd</p> <p>City State Zip Newtown TN 06470</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 1000000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1771000</p>
<p>TOTAL (This Period (not page into line number only) (carry total from last page to Line 9)</p>	<p>91266000</p>

SCHEDULE 9-A

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Donation(s) Received

A. Full Name of Donor Louis Panigutti			Date of Receipt M O . D . Y Y Y Y 0 8 . 2 1 . 2 0 0 4		
Mailing Address of Donor 21 Huntington Rd			Amount 2 5 0 0 . 0 0		
City Newtown	State TN	Zip 06470			
B. Full Name of Donor Mark Pasquerilla			Date of Receipt M O . D . Y Y Y Y 0 8 . 0 8 . 2 0 0 4		
Mailing Address of Donor c/o Crown American; 1 Pasquerilla Plaza			Amount 2 5 0 . 0 0		
City Johnstown	State PA	Zip 15901			
C. Full Name of Donor Mark Pasquerilla			Date of Receipt M O . D . Y Y Y Y 0 8 . 2 0 . 2 0 0 4		
Mailing Address of Donor c/o Crown American; 1 Pasquerilla Plaza			Amount 1 0 0 0 . 0 0		
City Johnstown	State PA	Zip 15901			
D. Full Name of Donor Mark Pasquerilla			Date of Receipt M O . D . Y Y Y Y 0 8 . 2 6 . 2 0 0 4		
Mailing Address of Donor c/o Crown American; 1 Pasquerilla Plaza			Amount 1 0 0 0 . 0 0		
City Johnstown	State PA	Zip 15901			
E. Full Name of Donor James A. Patterson			Date of Receipt M O . D . Y Y Y Y 0 8 . 0 7 . 2 0 0 4		
Mailing Address of Donor 10000 Shelbyville Road			Amount 5 0 0 0 . 0 0		
City Louisville	State KY	Zip 40223			
SUBTOTAL of Donations (This Page (optional))			9 7 5 0 . 0 0		
TOTAL This Period (last page this line number only) (carry vital from last page to line 9)			9 2 2 4 1 0 . 0 0		

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor levi pearson</p> <p>Mailing Address of Donor 42-48 81st St. 2r</p> <p>City State Zip elmhurst NY 11373</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Mitzi Perdue</p> <p>Mailing Address of Donor 1529 Woodland Road</p> <p>City State Zip Salisbury MD 21801</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Mitzi Perdue</p> <p>Mailing Address of Donor 1529 Woodland Road</p> <p>City State Zip Salisbury MD 21801</p>	<p>Date of Receipt 08 03 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor Bob Perry</p> <p>Mailing Address of Donor P.O.Box 34153</p> <p>City State Zip Houston TX 77234</p>	<p>Date of Receipt 07 16 2004</p> <p>Amount 1,000.00</p>
<p>E. 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 30 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 2,030.00</p>	
<p>TOTAL This Period (last page this line transfer only) ▶ 1,125.41 (carry total from last page to line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Wayne M. Perry Mailing Address of Donor 611 Evergreen Point Road City State Zip Medina WA 98039	Date of Receipt 09 09 2004 Amount 2,500.00
B. Full Name of Donor Wayne M. Perry Mailing Address of Donor P.O. Box 645 (611 Evergreen Pt. Rd.) City State Zip Medina WA 98039	Date of Receipt 08 20 2004 Amount 2,500.00
C. Full Name of Donor John Peterman Mailing Address of Donor 1000 East 80th Place, Suite 700 South City State Zip Merrillville IN 46410	Date of Receipt 08 07 2004 Amount 2,500.00
D. Full Name of Donor Hal Pettigrew Mailing Address of Donor 2311 Cedar Springs Rd., Suite 100 City State Zip Dallas TX 75201	Date of Receipt 09 01 2004 Amount 1,000.00
E. Full Name of Donor Priscilla Petty Mailing Address of Donor 229 Oliver Road City State Zip Cincinnati OH 45215	Date of Receipt 08 20 2004 Amount 1,000.00
SUBTOTAL of Donations This Page (optional)	9,500.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)	1,134,910.00

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William Petty</p> <p>Mailing Address of Donor 6717 NW 48th Lane</p> <p>City State Zip Gainesville FL 32653</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor William Petty</p> <p>Mailing Address of Donor 6717 NW 48th Lane</p> <p>City State Zip Gainesville FL 32653</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Steven Pfeifer</p> <p>Mailing Address of Donor 189 Oak Ridge Avenue</p> <p>City State Zip Summit NJ 07901</p>	<p>Date of Receipt 02 03 2004</p> <p>Amount 1000.00</p>
<p>D. Full Name of Donor JOHN PHELPS</p> <p>Mailing Address of Donor BOX 1041</p> <p>City State Zip VAIL CO 81658</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 1000.00</p>
<p>E. Full Name of Donor Cameron Phillips</p> <p>Mailing Address of Donor 626 Chain Bridge Rd</p> <p>City State Zip Mclean VA 22101</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 2500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>5500.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1140410.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Jim Phillips</p> <p>Mailing Address of Donor 101 Bull Street</p> <p>City State Zip Charleston SC 29401</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Norm Phillips</p> <p>Mailing Address of Donor 71 N. Windsail Place</p> <p>City State Zip Spring TX 77381</p>	<p>Date of Receipt 08 00 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Norm Phillips</p> <p>Mailing Address of Donor 71 N. Windsail Place</p> <p>City State Zip Spring TX 77381</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>D. Full Name of Donor Norm Phillips</p> <p>Mailing Address of Donor 71 N. Windsail Place</p> <p>City State Zip Spring TX 77381</p>	<p>Date of Receipt 09 04 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor Randall Phillips</p> <p>Mailing Address of Donor 626 Chain Bridge Rd</p> <p>City State Zip McLean VA 22101</p>	<p>Date of Receipt 08 05 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>3 1 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>1 1 4 3 5 1 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 103 OF 145

A. Full Name of Donor Thomas Phillips <hr/> Mailing Address of Donor 626 Chain Bridge Rd <hr/> City State Zip Mclean VA 22101	Date of Receipt 0 8 / 0 5 / 2 0 0 4 Amount 1 0 0 0 0 0
B. Full Name of Donor Thomas F. Phillips <hr/> Mailing Address of Donor S401N.10th St. Suite 200 <hr/> City State Zip McAllen TX 78504	Date of Receipt 0 9 / 0 7 / 2 0 0 4 Amount 1 0 0 0 0 0
C. Full Name of Donor Thompson S. Phillips <hr/> Mailing Address of Donor 3300 Ridgewood Dr <hr/> City State Zip Edmond OK 73013	Date of Receipt 0 9 / 0 3 / 2 0 0 4 Amount 1 0 0 0 0 0
D. Full Name of Donor Boone Pickens <hr/> Mailing Address of Donor 8117 Preston Road, Suite 260 <hr/> City State Zip Dallas TX 75225	Date of Receipt 0 7 / 1 9 / 2 0 0 4 Amount 1 0 0 0 0 0 0 0
E. Full Name of Donor Boone Pickens <hr/> Mailing Address of Donor 8117 Preston Road, Suite 260 <hr/> City State Zip Dallas TX 75225	Date of Receipt 0 8 / 0 2 / 2 0 0 4 Amount 4 0 0 0 0 0 0 0
SUBTOTAL of Donations This Page (optional)	5 0 3 0 0 0 0 0
TOTAL This Period (last page this line number only) <small>(carry total from last page to Line 9)</small>	1 6 4 6 5 1 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor joseph pickering</p> <p>Mailing Address of Donor pob0949</p> <p>City State Zip easton PA 18044</p>	<p>Date of Receipt M N Y 0 6 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor martin pierce</p> <p>Mailing Address of Donor 2341 suntuoso</p> <p>City State Zip farmington NM 87401</p>	<p>Date of Receipt M N Y 0 6 2 0 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>C. Full Name of Donor martin pierce</p> <p>Mailing Address of Donor 2341 suntuoso</p> <p>City State Zip farmington NM 87401</p>	<p>Date of Receipt M N Y 0 6 0 9 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>D. Full Name of Donor Brian Pilcher</p> <p>Mailing Address of Donor PO Box 399</p> <p>City State Zip Ross CA 94957</p>	<p>Date of Receipt M N Y 0 8 2 0 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Brian Pilcher</p> <p>Mailing Address of Donor PO Box 399</p> <p>City State Zip Ross CA 94957</p>	<p>Date of Receipt M N Y 0 8 2 7 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>4 0 0 0 0 0</p>
<p>TOTAL This Period (last page into line number only) ▶ (carry total from last page to Line 9)</p>	<p>1 6 5 0 5 1 0 0 0</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Jan Pillar</p> <p>Mailing Address of Donor 3825 Bluffview Dr.</p> <p>City State Zip Marietta GA 30062</p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Jan Pillar</p> <p>Mailing Address of Donor 3825 Bluffview Dr.</p> <p>City State Zip Marietta GA 30062</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Myles Pollin</p> <p>Mailing Address of Donor 270 Broadway, Apartment 16D</p> <p>City State Zip New York NY 10007</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Myles Pollin</p> <p>Mailing Address of Donor 270 Broadway</p> <p>City State Zip New York NY 10007</p>	<p>Date of Receipt 09 08 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Roger Poliy</p> <p>Mailing Address of Donor po box 5781</p> <p>City State Zip kingsville TX 78354</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>4,000.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry over from last page to Line 5)</p>	<p>16,545.00</p>

SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor Neil Polo			Date of Receipt / M Y 0 5 2 9 2 0 0 4		
Mailing Address of Donor 2061 Aquetong Road			Amount 1 0 0 0 0 0		
City New Hope	State PA	Zip 18938			
B. Full Name of Donor Ruth Ann Poppa			Date of Receipt / M Y 0 9 0 2 2 0 0 4		
Mailing Address of Donor 1736 Via Boranda			Amount 5 0 0 0 0 0		
City Palos Verdes Pen	State CA	Zip 90274			
C. Full Name of Donor John Porter			Date of Receipt / M Y 0 8 2 9 2 0 0 4		
Mailing Address of Donor 91 Peyton Parkway Suite 104			Amount 1 0 0 0 0 0		
City Collierville	State TN	Zip 38017			
D. Full Name of Donor Stephanie Prince			Date of Receipt / M Y 0 3 0 5 2 0 0 4		
Mailing Address of Donor 5430 Vanalden Avenue			Amount 1 0 0 0 0 0		
City Tarzana	State CA	Zip 91356			
E. Full Name of Donor frank pringle			Date of Receipt / M Y 0 5 1 9 2 0 0 4		
Mailing Address of Donor 160 dolphin cive Quay			Amount 1 0 0 0 0 0		
City Stamford	State CT	Zip 06902			
SUBTOTAL of Donations This Page (optional)			9 0 0 0 0 0		
TOTAL This Period (fill page this line number only) (carry total from last page to Line 9)			1 6 6 9 5 1 0 0 0		

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor frank pringle			Date of Receipt 09 09 2004		
Mailing Address of Donor 160 Dolphin cove Quay			Amount 1,000.00		
City stamford	State CT	Zip 06902			
B. Full Name of Donor E Stephen Purdom			Date of Receipt 09 07 2004		
Mailing Address of Donor PO Box 2767			Amount 1,000.00		
City Columbus	State GA	Zip 31902			
C. Full Name of Donor Barry Pulegnat			Date of Receipt 09 02 2004		
Mailing Address of Donor 44 W Jefferson St Suite D			Amount 2,000.00		
City Brownsville	State TX	Zip 78520			
D. Full Name of Donor james quaremba			Date of Receipt 08 29 2004		
Mailing Address of Donor 3 old english road			Amount 250.00		
City slingerlands	State NY	Zip 12159			
E. Full Name of Donor James A. Quaremba			Date of Receipt 08 07 2004		
Mailing Address of Donor 3 Old English Rd			Amount 1,000.00		
City Slingerlands	State NY	Zip 12159			
SUBTOTAL of Donations This Page (optional)			5,025.00		
TOTAL This Period (last page this line number only) (carry total from last page to Line 8)			1,668,535.00		

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Larry Rabinowitz</p> <p>Mailing Address of Donor PO Box 87</p> <p>City State Zip Lightfoot Va 23090</p>	<p>Date of Receipt 08 07 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor fred rader</p> <p>Mailing Address of Donor 308 arroyo dr</p> <p>City State Zip south pasadena ab 91030</p>	<p>Date of Receipt 08 15 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Paul Rady</p> <p>Mailing Address of Donor 4 Mockingbird Lane</p> <p>City State Zip Englewood CO 80113</p>	<p>Date of Receipt 08 02 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor Vincent M. Rafanelli</p> <p>Mailing Address of Donor 1 Bates Boulevard, Suite 200</p> <p>City State Zip Orinda CA 94563</p>	<p>Date of Receipt 08 02 2004</p> <p>Amount 2 000 00</p>
<p>E. Full Name of Donor James Ramsey</p> <p>Mailing Address of Donor 1734 Pressburg St</p> <p>City State Zip New Orleans LA 70122</p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>6 000 00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1 674 535 00</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Eugene Regad</p> <p>Mailing Address of Donor 854 Riverview Drive</p> <p>City State Zip Morgantown WV 26505</p>	<p>Date of Receipt 08 15 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Bruce J. Raines</p> <p>Mailing Address of Donor 1517 N. Honeysuckle Circle</p> <p>City State Zip De Pere WI 54115</p>	<p>Date of Receipt 08 02 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Edward Reska</p> <p>Mailing Address of Donor 1004 Sharpsburg Dr., S.E.</p> <p>City State Zip Huntsville AL 35803</p>	<p>Date of Receipt 08 19 2004</p> <p>Amount 2,500.00</p>
<p>D. Full Name of Donor jack rettig</p> <p>Mailing Address of Donor 507 pine road</p> <p>City State Zip clear lake shores TX 77565</p>	<p>Date of Receipt 08 03 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor jack rettig</p> <p>Mailing Address of Donor 507 pine road</p> <p>City State Zip clear lake shores TX 77565</p>	<p>Date of Receipt 08 03 2004</p> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 5,500.00</p>	
<p>TOTAL This Period (last page this line number only) ▶ 1,680,035.00 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor edward & shelby rice</p> <hr/> <p>Mailing Address of Donor 6200 90th ave n.</p> <hr/> <p>City State Zip pinellas park FL 33782</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Carolyn Richardson</p> <hr/> <p>Mailing Address of Donor 1774 Seal Way</p> <hr/> <p>City State Zip Discovery Bay CA 94514</p>	<p>Date of Receipt 08 27 2004</p> <p>Amount 2,500.00</p>
<p>C. Full Name of Donor Carolyn Richardson</p> <hr/> <p>Mailing Address of Donor 1774 Seal Way</p> <hr/> <p>City State Zip Discovery Bay CA 94514</p>	<p>Date of Receipt 08 30 2004</p> <p>Amount 2,500.00</p>
<p>D. Full Name of Donor Carolyn Richardson</p> <hr/> <p>Mailing Address of Donor 1774 Seal Way</p> <hr/> <p>City State Zip Discovery Bay CA 94514</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 5,000.00</p>
<p>E. Full Name of Donor William R. Riley</p> <hr/> <p>Mailing Address of Donor 12016 Arbargee Circle</p> <hr/> <p>City State Zip Dallas TX 75230</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 3,000.00</p>	
<p>TOTAL This Period (last page this line number only) ▶ 1,663,035.00 (carry total from last page to Line 5)</p>	

SCHEDULE 9-A

PAGE 111 OF 145

Donation(s) Received

A. Full Name of Donor John Rindlaub <hr/> Mailing Address of Donor 8441 SE 68th Street (#217) <hr/> City State Zip Merier Island WA 98040	Date of Receipt 0 9 0 7 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
B. Full Name of Donor Robert Robinson <hr/> Mailing Address of Donor 6337 Morris Rd <hr/> City State Zip Hamilton OH 45011	Date of Receipt 0 8 3 0 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
C. Full Name of Donor Brett Roby <hr/> Mailing Address of Donor 220 N. Danna Dr. <hr/> City State Zip Hot Springs AR 71913	Date of Receipt 0 8 2 5 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
D. Full Name of Donor Daniel L. Root <hr/> Mailing Address of Donor 5201 College Blvd <hr/> City State Zip Leawood KS 66211	Date of Receipt 0 9 0 2 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
E. Full Name of Donor Thomas Rosencrants <hr/> Mailing Address of Donor 7920 Landowne Drive <hr/> City State Zip Atlanta GA 30350	Date of Receipt 0 8 2 4 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
SUBTOTAL of Donations This Page (optional) ▶	5 0 0 0 0 0
TOTAL This Period (last page this line raised only) ▶ (carry total from last page to line 9)	1 6 8 8 0 3 5 0 0

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor Burton Rosenfield			Date of Receipt 09 08 2004	
Mailing Address of Donor 1241 Gulf Of Mexico Dr			Amount 5,000.00	
City Longboat Key	State FL	Zip 34228		
B. Full Name of Donor David Rosenstein			Date of Receipt 09 08 2004	
Mailing Address of Donor 7245 Arlington Boulevard			Amount 5,000.00	
City Falls Church	State VA	Zip 22042		
C. Full Name of Donor David Rosenstein			Date of Receipt 09 09 2004	
Mailing Address of Donor 7245 Arlington Boulevard			Amount 1,000.00	
City Falls Church	State VA	Zip 22042		
D. Full Name of Donor George M. Ryan			Date of Receipt 08 31 2004	
Mailing Address of Donor 4320 Meadow View Pl.			Amount 1,000.00	
City Encino	State CA	Zip 91436		
E. Full Name of Donor Lawrence S Rybka			Date of Receipt 08 23 2004	
Mailing Address of Donor 130 Springside Dr #300			Amount 1,000.00	
City Akron	State OH	Zip 44333		
SUBTOTAL of Donations This Page (optional)			9,500.00	
TOTAL This Period (see page this line number only) (carry total from last page to Line 9)			1,696,535.00	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John Sabolich</p> <p>Mailing Address of Donor: 153 lake alumna drive</p> <p>City State Zip Oklahoma city OK 73121</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Leslie Sacks</p> <p>Mailing Address of Donor: 11640 San Vicente Blvd.</p> <p>City State Zip Los Angeles CA 90049</p>	<p>Date of Receipt 08 10 2004</p> <p>Amount 1,500.00</p>
<p>C. Full Name of Donor Leslie Sacks</p> <p>Mailing Address of Donor: 11640 San Vicente Blvd.</p> <p>City State Zip Los Angeles CA 90049</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Tony Salvaggio</p> <p>Mailing Address of Donor: 1390 Ridgeview drive</p> <p>City State Zip Allentown PA 18104</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Larry Sample</p> <p>Mailing Address of Donor: PO Box 28</p> <p>City State Zip Genoa NV 89411</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 1,000.00</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>4,000.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1,700.53500</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 114 OF 145

A. Full Name of Donor Fred Sauer <hr/> Mailing Address of Donor 454 Hammersmith <hr/> City State Zip St. Louis MO 63141	Date of Receipt M O Y 0 5 0 2 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
B. Full Name of Donor George Savani <hr/> Mailing Address of Donor 57 Boone Trail <hr/> City State Zip Severna Park MD 21146	Date of Receipt M O Y 0 5 2 8 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
C. Full Name of Donor Georgea. Schaefer, Jr <hr/> Mailing Address of Donor 851 Delawrea Ridge Lane <hr/> City State Zip Cincinnati Oh 45226	Date of Receipt M O Y 0 5 0 7 2 0 0 4 <hr/> Amount 2 0 0 0 0 0
D. Full Name of Donor Robert Schilling <hr/> Mailing Address of Donor 7820 Palmer Road <hr/> City State Zip Reynoldsburg OH 43068	Date of Receipt M O Y 0 5 0 1 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
E. Full Name of Donor Kevin Schoensee <hr/> Mailing Address of Donor 15201 Windmill Pointe <hr/> City State Zip Grosse Pointe Park MI 48091	Date of Receipt M O Y 0 5 0 1 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
SUBTOTAL of Donations This Page (optional) ▶	5 0 0 0 0 0
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	1 7 0 6 5 3 5 0 0

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor L. C. Schroeder</p> <hr/> <p>Mailing Address of Donor 610 Moorefield Park Dr</p> <hr/> <p>City State Zip Richmond VA 23236</p>	<p>Date of Receipt 0 9 / 0 2 / 2 0 0 4</p> <p>Amount 3 0 0 0 0 0</p>
<p>B. Full Name of Donor Paul Schulstad</p> <hr/> <p>Mailing Address of Donor 20 Eckert Farm Road</p> <hr/> <p>City State Zip Saddle River NJ 07458</p>	<p>Date of Receipt 0 8 / 0 8 / 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>C. Full Name of Donor Paul Schulstad</p> <hr/> <p>Mailing Address of Donor 20 Eckert Farm Road</p> <hr/> <p>City State Zip Saddle River NJ 07458</p>	<p>Date of Receipt 0 8 / 0 4 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Paul Schulstad</p> <hr/> <p>Mailing Address of Donor 20 Eckert Farm Road</p> <hr/> <p>City State Zip Saddle River NJ 07458</p>	<p>Date of Receipt 0 8 / 1 9 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Dale Scott</p> <hr/> <p>Mailing Address of Donor 2372-B Kettle River Road</p> <hr/> <p>City State Zip Kettle Falls WA 99141</p>	<p>Date of Receipt 0 8 / 1 1 / 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>6 5 0 0 0 0</p>
<p>TOTAL This Period (see page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1 7 1 3 0 3 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 118 OF 145

A. Full Name of Donor steven scott <hr/> Mailing Address of Donor 4200 park terrace drive <hr/> City State Zip salt lake city UT 85018	Date of Receipt 0 8 2 4 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
B. Full Name of Donor Thomas Shanahan <hr/> Mailing Address of Donor 100 Manzanita Way <hr/> City State Zip Woodside CA 94062	Date of Receipt 0 8 2 8 2 0 0 4 <hr/> Amount 5 0 0 0 0 0
C. Full Name of Donor Thomas Shanahan <hr/> Mailing Address of Donor 100 Manzanita Way <hr/> City State Zip Woodside CA 94062	Date of Receipt 0 8 0 9 2 0 0 4 <hr/> Amount 5 0 0 0 0 0
D. Full Name of Donor Anna Shaw <hr/> Mailing Address of Donor 5801 Glenview Ave <hr/> City State Zip Cincinnati OH 45224	Date of Receipt 0 8 0 2 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
E. Full Name of Donor Mark Shevitz <hr/> Mailing Address of Donor 65 Wardell Avenue <hr/> City State Zip Rumson NJ 07760	Date of Receipt 0 8 0 7 2 0 0 4 <hr/> Amount 1 0 0 0 0 0
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)	1 7 1 7 0 3 5 0 0

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Mark Shevitz</p> <p>Mailing Address of Donor 65 Wardell Ave</p> <p>City State Zip Rumson NJ 07760</p>	<p>Date of Receipt 08 03 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Duane Siebert</p> <p>Mailing Address of Donor 200 Park Central Blvd. South - Suite 2</p> <p>City State Zip Pompano Beach FL 33064</p>	<p>Date of Receipt 08 27 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Duane Siebert</p> <p>Mailing Address of Donor 200 Park Central Blvd. South - Suite 2</p> <p>City State Zip Pompano Beach FL 33064</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Harold Siebert</p> <p>Mailing Address of Donor 241 Governors Way</p> <p>City State Zip Brentwood TN 37027</p>	<p>Date of Receipt 09 07 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Roger Silber</p> <p>Mailing Address of Donor 11143 Ice Skate Place</p> <p>City State Zip San Diego CA 92126</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>4,000.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>1,721,035.00</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 118 OF 145

A. Full Name of Donor Paul Singer			Date of Receipt 0 8 - 0 2 - 2 0 0 4	
Mailing Address of Donor 211 Central Park West			Amount 5,000.00	
City New York	State NY	Zip 10024		
B. Full Name of Donor Michael Skinner			Date of Receipt 0 8 - 1 0 - 2 0 0 4	
Mailing Address of Donor 11030 Santa Monica Blvd			Amount 1,000.00	
City Los Angeles	State CA	Zip 90025		
C. Full Name of Donor Dan Smith			Date of Receipt 0 8 - 0 4 - 2 0 0 4	
Mailing Address of Donor 3221 Avalon Place			Amount 500.00	
City Houston	State TX	Zip 77019		
D. Full Name of Donor Dan F. Smith			Date of Receipt 0 8 - 0 8 - 2 0 0 4	
Mailing Address of Donor 3221 Avalon Place			Amount 500.00	
City Houston	State TX	Zip 77019		
E. Full Name of Donor Ford Smith			Date of Receipt 0 8 - 2 3 - 2 0 0 4	
Mailing Address of Donor 3653 Oceanside Drive			Amount 1,000.00	
City Greenbank	State WA	Zip 98253		
SUBTOTAL of Donations This Page (optional)			8,000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line B)			1,729,035.00	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor milton smith</p> <p>Mailing Address of Donor 1241 El Mirador Drive</p> <p>City State Zip Pasadena CA 91103</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor Sidney Snellings</p> <p>Mailing Address of Donor P.O. Box 4367</p> <p>City State Zip Winchester VA 22604</p>	<p>Date of Receipt 06 20 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor William Sornsin</p> <p>Mailing Address of Donor 5465 43rd Ave. W.</p> <p>City State Zip Seattle WA 98199</p>	<p>Date of Receipt 08 11 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor William Sornsin</p> <p>Mailing Address of Donor 5465 43rd Ave. W.</p> <p>City State Zip Seattle WA 98199</p>	<p>Date of Receipt 08 30 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor James E. Sowell</p> <p>Mailing Address of Donor 1601 Elm Street, Suite 300</p> <p>City State Zip Dallas TX 75201</p>	<p>Date of Receipt 08 02 2004</p> <p>Amount 2,500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 3,000.00</p>	
<p>TOTAL This Period (last page fills in the number only) ▶ 1,759,035.00 (carry total from last page to Line 6)</p>	

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor William Spack</p> <p>Mailing Address of Donor 1105 Los Pueblos</p> <p>City State Zip Los Alamos NM 87544</p>	<p>Date of Receipt M Y . D . M Y 0 8 . 2 0 . 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Clay Spencer</p> <p>Mailing Address of Donor 5829 Plauche Street</p> <p>City State Zip Harahan LA 70123</p>	<p>Date of Receipt M Y . D . M Y 0 8 . 3 0 . 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>C. Full Name of Donor Clay Spencer</p> <p>Mailing Address of Donor 5829 Plauche Street</p> <p>City State Zip Harahan LA 70123</p>	<p>Date of Receipt M Y . D . M Y 0 8 . 0 9 . 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>D. Full Name of Donor William Spillane</p> <p>Mailing Address of Donor 3401 Maple Ave.</p> <p>City State Zip Manhattan Beach CA 90266</p>	<p>Date of Receipt M Y . D . M Y 0 8 . 0 5 . 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>E. Full Name of Donor William Spillane</p> <p>Mailing Address of Donor 3401 Maple Ave.</p> <p>City State Zip Manhattan Beach CA 90266</p>	<p>Date of Receipt M Y . D . M Y 0 8 . 2 4 . 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>4 7 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to line B)</p>	<p>1 7 6 3 7 8 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 121 OF 145

A. Full Name of Donor William Spillane <hr/> Mailing Address of Donor 3401 Maple Ave. <hr/> City State Zip Manhattan Beach CA 90266	Date of Receipt 09 08 2004 <hr/> Amount 2,500.00
B. Full Name of Donor Robert Stallings <hr/> Mailing Address of Donor 25 Highland Park Village 100-762 <hr/> City State Zip Dallas TX 75205	Date of Receipt 08 31 2004 <hr/> Amount 1,000.00
C. Full Name of Donor THERESE STANFILL <hr/> Mailing Address of Donor 908 OAK GROVE AVENUE <hr/> City State Zip SAN MARINO CA 91108	Date of Receipt 08 16 2004 <hr/> Amount 1,000.00
D. Full Name of Donor Therese Stanfill <hr/> Mailing Address of Donor 908 Oak Grove Avenue <hr/> City State Zip San Marino CA 91108	Date of Receipt 08 31 2004 <hr/> Amount 1,000.00
E. Full Name of Donor Mark Stern <hr/> Mailing Address of Donor 1104 Bedford Valley Rd <hr/> City State Zip Bedford PA 15522	Date of Receipt 08 24 2004 <hr/> Amount 2,500.00
SUBTOTAL of Donations This Page (optional)	7,100.00
TOTAL This Period (last page this line number only) <small>(carry total from last page to LTR 9)</small>	4,770,835.00

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William Story</p> <p>Mailing Address of Donor 6 Isle of Sicily</p> <p>City State Zip Winter Park FL 32789</p>	<p>Date of Receipt 08 30 2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor W. Robert Stover</p> <p>Mailing Address of Donor 220 N Wiget Ln</p> <p>City State Zip Walnut Creek CA 94598</p>	<p>Date of Receipt 08 26 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Pat Sullivan</p> <p>Mailing Address of Donor 10801 E. Happy Valley Rd. Lot 18</p> <p>City State Zip Scottsdale AZ 85255</p>	<p>Date of Receipt 08 01 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Pat Sullivan</p> <p>Mailing Address of Donor 10801 E. Happy Valley Rd.</p> <p>City State Zip Scottsdale AZ 85255</p>	<p>Date of Receipt 09 07 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor william sullivan</p> <p>Mailing Address of Donor 5001 s. lewis ave.</p> <p>City State Zip sioux falls SD 57108</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>5,550.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>1,776,435.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor william summers</p> <p>Mailing Address of Donor 20749 Beachcliff Blvd</p> <p>City State Zip Rocky River OH 44116</p>	<p>Date of Receipt M M D D Y Y 0 8 2 2 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>B. Full Name of Donor Robert Sydow</p> <p>Mailing Address of Donor 528 21st Street</p> <p>City State Zip Manhattan Beach CA 90266</p>	<p>Date of Receipt M M D D Y Y 0 8 2 3 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Weymouth Symmes</p> <p>Mailing Address of Donor Post Office Box 26184</p> <p>City State Zip Alexandria VA 22313</p>	<p>Date of Receipt M M D D Y Y 0 9 0 2 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Weymouth D. Symmes</p> <p>Mailing Address of Donor 2401 Brooks Street PMB 338</p> <p>City State Zip Missoula MT 59801</p>	<p>Date of Receipt M M D D Y Y 0 5 1 2 2 0 0 4</p> <p>Amount 2 0 0 0 0 0</p>
<p>E. Full Name of Donor Max Talbott</p> <p>Mailing Address of Donor 5 Pheasants Ridge N</p> <p>City State Zip Greenville DE 19807</p>	<p>Date of Receipt M M D D Y Y 0 8 0 4 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (expand) ▶</p>	<p>7 5 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>1 7 8 3 9 3 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Max Talbott</p> <p>Mailing Address of Donor 5 Pheasants Ridge North</p> <p>City State Zip Greenville DE 19807</p>	<p>Date of Receipt 0 9 / 0 9 / 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>B. Full Name of Donor Hans Tanzler</p> <p>Mailing Address of Donor 2703 Cove View Drive South</p> <p>City State Zip Jacksonville FL 32257</p>	<p>Date of Receipt 0 9 / 0 3 / 2 0 0 4</p> <p>Amount 1 0 0 0 . 0 0</p>
<p>C. Full Name of Donor Frances Taylor</p> <p>Mailing Address of Donor 8811 Willow Hills Drive</p> <p>City State Zip Huntsville AL 35802</p>	<p>Date of Receipt 0 8 / 2 2 / 2 0 0 4</p> <p>Amount 5 0 0 0 . 0 0</p>
<p>D. Full Name of Donor Frances Taylor</p> <p>Mailing Address of Donor 8811 Willow Hills Drive</p> <p>City State Zip Huntsville AL 35802</p>	<p>Date of Receipt 0 9 / 0 9 / 2 0 0 4</p> <p>Amount 5 0 0 0 . 0 0</p>
<p>E. Full Name of Donor Steven Taylor</p> <p>Mailing Address of Donor 515 Santa Paula Drive</p> <p>City State Zip Salinas CA 93901</p>	<p>Date of Receipt 0 8 / 0 6 / 2 0 0 4</p> <p>Amount 2 5 0 0 . 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>5 5 0 0 . 0 0</p>
<p>TOTAL This Period (see page 51e line number only)</p> <p>(carry total from last page to Line 5)</p>	<p>1 7 8 9 4 3 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John M. Templeton</p> <p>Mailing Address of Donor 601 Pembroke Road</p> <p>City State Zip Bryn Mawr PA 19010</p>	<p>Date of Receipt 08 02 2004</p> <p>Amount 5,000.00</p>
<p>B. Full Name of Donor robert thing</p> <p>Mailing Address of Donor 12437 Royal rd</p> <p>City State Zip el cajon CA 92021</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Paul Thomas</p> <p>Mailing Address of Donor PO Box 11085</p> <p>City State Zip Truckee CA 96162</p>	<p>Date of Receipt 08 01 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Paul Thomas</p> <p>Mailing Address of Donor PO Box 11085</p> <p>City State Zip Truckee CA 96162</p>	<p>Date of Receipt 08 28 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Glen Thompson</p> <p>Mailing Address of Donor 221 HIGHWAY ONE</p> <p>City State Zip LEWES DE 19958</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>8,500.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>17,979.3500</p>

SCHEDULE 9-A
Donation(s) Received

PAGE 126 OF 146

A. Full Name of Donor brian tierney Mailing Address of Donor 1020 rock creek road City State Zip bryn mawr PA 19010	Date of Receipt 08 20 2004 Amount 1,000.00
B. Full Name of Donor Brian Timmer Mailing Address of Donor 3347 64th Ave City State Zip Zeeland MI 49464	Date of Receipt 08 20 2004 Amount 500.00
C. Full Name of Donor Brian Timmer Mailing Address of Donor 3347 64th Ave. City State Zip Zeeland MI 49464	Date of Receipt 09 05 2004 Amount 500.00
D. Full Name of Donor Laura Timmis Mailing Address of Donor 2950 Ft. Charles Dr City State Zip Naples FL 34102	Date of Receipt 08 31 2004 Amount 1,000.00
E. Full Name of Donor Daniel P. Tinman Mailing Address of Donor 2656 Hampshire Rd City State Zip Cleveland OH 44106	Date of Receipt 08 25 2004 Amount 1,000.00
SUBTOTAL of Donations This Page (optional)	4,000.00
TOTAL This Period (last page this line number only) (carry total from last page to Line B)	1,801,935.00

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Jim Tonyan</p> <p>Mailing Address of Donor 3709 W. Clover Ave.</p> <p>City State Zip McHenry IL 60050</p>	<p>Date of Receipt 08 29 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Jim Tonyan</p> <p>Mailing Address of Donor 3709 W. Clover Ave.</p> <p>City State Zip McHenry IL 60050</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor stefano Torcise Jr</p> <p>Mailing Address of Donor 6800 s.w. 101 Street</p> <p>City State Zip Miami FL 33156</p>	<p>Date of Receipt 02 24 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor Barry Traub</p> <p>Mailing Address of Donor PO BOX 1169</p> <p>City State Zip NASHVILLE NC 27356</p>	<p>Date of Receipt 08 04 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor martin trepel</p> <p>Mailing Address of Donor 24 dockside lane pmb 447</p> <p>City State Zip key largo FL 33037</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 2,500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 6,500.00</p>	
<p>TOTAL This Period (last page this line number only) ▶ 1,808,435.00 (carry total from last page to Line 1)</p>	

SCHEDULE 9-A
Donation(s) Received

PAGE 128 OF 145

A. Full Name of Donor malcolm tripp <hr/> Mailing Address of Donor 941 cernan drive <hr/> City State Zip bellwood IL 60104	Date of Receipt 0 6 2 8 2 0 0 4 <hr/> Amount 1,000.00
B. Full Name of Donor Robert E. Tucker <hr/> Mailing Address of Donor 13685 S West Bay Shore Ste 200 <hr/> City State Zip Traverse City MI 49684	Date of Receipt 0 8 0 2 2 0 0 4 <hr/> Amount 1,000.00
C. Full Name of Donor Robert E. Tucker, Jr <hr/> Mailing Address of Donor 13685 S. West Bay Shore, Suite 200 <hr/> City State Zip Traverse city MI 49684	Date of Receipt 0 9 0 7 2 0 0 4 <hr/> Amount 1,000.00
D. Full Name of Donor Ralph Ungermann <hr/> Mailing Address of Donor 1045 Vallejo St. <hr/> City State Zip San Francisco CA 94133	Date of Receipt 0 8 2 2 2 0 0 4 <hr/> Amount 1,000.00
E. Full Name of Donor James T. Uren <hr/> Mailing Address of Donor 313 Oaktree Dr <hr/> City State Zip Mountain View CA 94040	Date of Receipt 0 5 0 2 2 0 0 4 <hr/> Amount 1,000.00
SUBTOTAL of Donations This Page (optional) ▶	5,000.00
TOTAL This Period (last page the line number only) ▶ (carry total from last page to Line 8)	1,813,495.00

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Michael Valentine</p> <p>Mailing Address of Donor 1861 Dexter Avenue</p> <p>City State Zip Cincinnati OH 45206</p>	<p>Date of Receipt 08 04 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Michael Valentine</p> <p>Mailing Address of Donor 1861 Dexter Avenue</p> <p>City State Zip Cincinnati OH 45206</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 2,500.00</p>
<p>C. Full Name of Donor Michael Valentine</p> <p>Mailing Address of Donor 1861 Dexter Avenue</p> <p>City State Zip Cincinnati OH 45206</p>	<p>Date of Receipt 08 01 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor Michael Valentine</p> <p>Mailing Address of Donor 1861 Dexter Avenue</p> <p>City State Zip Cincinnati OH 45206</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 2,500.00</p>
<p>E. Full Name of Donor John Vanlaer</p> <p>Mailing Address of Donor P.O. Box 26184</p> <p>City State Zip Alexandria VA 22313</p>	<p>Date of Receipt 08 02 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>8,000.00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1,821,435.00</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Arlene Vetter Haliman			Date of Receipt 08 25 2004	
Mailing Address of Donor 258 Stable Gate Drive			Amount 1,000.00	
City Campobello	State SC	Zip 29322		
B. Full Name of Donor Stephen Vidibor			Date of Receipt 08 05 2004	
Mailing Address of Donor 217 Ada Ave. #24			Amount 500.00	
City Mountain View	State CA	Zip 94043		
C. Full Name of Donor Stephen Vidibor			Date of Receipt 08 22 2004	
Mailing Address of Donor 217 Ada Ave. #24			Amount 500.00	
City Mountain View	State CA	Zip 94043		
D. Full Name of Donor Steve Vidibor			Date of Receipt 08 08 2004	
Mailing Address of Donor 217 Ada Ave. #24			Amount 500.00	
City Mountain View	State CA	Zip 94043		
E. Full Name of Donor E. Duke Vincent			Date of Receipt 08 07 2004	
Mailing Address of Donor 9255 Sunset Blvd.			Amount 2,500.00	
City Los Angeles	State CA	Zip 90069		
SUBTOTAL of Donations This Page (optional)			2,750.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			1,848,935.00	

SCHEDULE 9-A
Donation(s) Received

PAGE 131 OF 145

A. Full Name of Donor John Vitaliti <hr/> Mailing Address of Donor 5507 Moorewood Drive <hr/> City State Zip Arlington TX 76017	Date of Receipt 08 04 2004 <hr/> Amount 500.00
B. Full Name of Donor John Vitaliti <hr/> Mailing Address of Donor 5507 Moorewood Drive <hr/> City State Zip Arlington TX 76017	Date of Receipt 08 13 2004 <hr/> Amount 500.00
C. Full Name of Donor John Vitaliti <hr/> Mailing Address of Donor 5507 Moorewood Drive <hr/> City State Zip Arlington TX 76017	Date of Receipt 08 04 2004 <hr/> Amount 500.00
D. 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 08 23 2004 <hr/> Amount 1000.00
E. Full Name of Donor Terry Volk <hr/> Mailing Address of Donor 617 Brambles Way <hr/> City State Zip Orange CA 92869	Date of Receipt 08 12 2004 <hr/> Amount 1000.00
SUBTOTAL of Donations This Page (optional)	3,500.00
TOTAL This Period (last page this line number only) <small>(carry total from last page to Line 9)</small>	1,852,435.00

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Jimmy Wallace			Date of Receipt 08 31 2004	
Mailing Address of Donor 428 Wiley Parker Rd.			Amount 1,000.00	
City	State	Zip		
Jackson	TN	38305		
B. Full Name of Donor Quinten Ward			Date of Receipt 08 24 2004	
Mailing Address of Donor PO Box 8000 #263			Amount 500.00	
City	State	Zip		
Mesquite	NV	89024		
C. Full Name of Donor Quinten Ward			Date of Receipt 08 31 2004	
Mailing Address of Donor PO Box 8000 #263			Amount 500.00	
City	State	Zip		
Mesquite	NV	89024		
D. Full Name of Donor james waters			Date of Receipt 08 29 2004	
Mailing Address of Donor 1153 grove st			Amount 1,000.00	
City	State	Zip		
framingham	MA	01701		
E. Full Name of Donor Alan Weissman			Date of Receipt 08 20 2004	
Mailing Address of Donor 60 Rye Road			Amount 1,000.00	
City	State	Zip		
Rye	NY	10580		
SUBTOTAL of Donations This Page (optional)			4,000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 9)			1,356,435.00	

SCHEDULE 3-A

Donation(s) Received

<p>A. Full Name of Donor Billy Westbrook</p> <p>Mailing Address of Donor PO Box 24625</p> <p>City State Zip Houston TX 77229</p>	<p>Date of Receipt 0 8 - 1 3 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Roy Wetterstrom</p> <p>Mailing Address of Donor 295 Lythrum Lane</p> <p>City State Zip Hamel MN 55340</p>	<p>Date of Receipt 0 8 - 1 8 - 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>C. Full Name of Donor Roy Wetterstrom</p> <p>Mailing Address of Donor 295 Lythrum Lane</p> <p>City State Zip Hamel MN 55340</p>	<p>Date of Receipt 0 8 - 0 9 - 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>D. Full Name of Donor Joseph White</p> <p>Mailing Address of Donor 10 St. Thomas More Drive</p> <p>City State Zip Winchester MA 01890</p>	<p>Date of Receipt 0 8 - 0 7 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Bret Wien</p> <p>Mailing Address of Donor 41 Honeyman Drive</p> <p>City State Zip Succasunna NJ 07876</p>	<p>Date of Receipt 0 8 - 2 2 - 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 4 0 0 0 0 0</p>	
<p>TOTAL This Person (omit page this for multiple only) ▶ 1 8 6 0 4 3 5 0 0 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Walter Wilkening</p> <p>Mailing Address of Donor PO Box 222</p> <p>City State Zip La Grange KY 40031</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Sam Willcoxon</p> <p>Mailing Address of Donor 64 Falcon Hills Dr</p> <p>City State Zip Highlands Ranch CO 80126</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Michael Willett</p> <p>Mailing Address of Donor 5 Oriole Way</p> <p>City State Zip Ringoes NJ 08551</p>	<p>Date of Receipt 08 04 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor Michael Willett</p> <p>Mailing Address of Donor 5 Oriole Way</p> <p>City State Zip Ringoes NJ 08551</p>	<p>Date of Receipt 08 09 2004</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor Reynolds Williams</p> <p>Mailing Address of Donor 1224 McIntosh Woods Rd</p> <p>City State Zip Florence SC 29501</p>	<p>Date of Receipt 08 04 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ... ▶</p>	<p>4,000.00</p>
<p>TOTAL This Period (last page this line number only) ... ▶ <small>(carry total from last page to Line 3)</small></p>	<p>1,864,435.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William Williams</p> <p>Mailing Address of Donor 100 Westcliff Road</p> <p>City State Zip Weston MA 02493</p>	<p>Date of Receipt M N Y Y 0 5 2 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Andrew Wilson</p> <p>Mailing Address of Donor 11163 Rich Meadow Dr.</p> <p>City State Zip Great Falls VA 22066</p>	<p>Date of Receipt M N Y Y 0 5 2 7 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor William Wilson, Jr.</p> <p>Mailing Address of Donor 171 Paddington Way</p> <p>City State Zip San Antonio TX 78209</p>	<p>Date of Receipt M N Y Y 0 8 2 0 2 0 0 4</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor J Calvin Winter III</p> <p>Mailing Address of Donor 6220 SW 123rd Terrace</p> <p>City State Zip Miami FL 33156</p>	<p>Date of Receipt M N Y Y 0 8 2 5 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Randall Wolcott</p> <p>Mailing Address of Donor 2002 Oxford</p> <p>City State Zip Lubbock TX 79410</p>	<p>Date of Receipt M N Y Y 0 8 1 9 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations (This Page (optional)</p>	<p>5 6 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>1 8 7 0 0 3 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Randall Wolcott</p> <p>Mailing Address of Donor 2002 Oxford Ave</p> <p>City State Zip Lubbock TX 79410</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Robert Woodings</p> <p>Mailing Address of Donor 6 Meadowood Drive</p> <p>City State Zip Pittsburgh PA 15215</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>C. Full Name of Donor Robert Woodings</p> <p>Mailing Address of Donor 6 Meadowood Drive</p> <p>City State Zip Pittsburgh PA 15215</p>	<p>Date of Receipt 08 06 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor Sarah Woodings</p> <p>Mailing Address of Donor 6 Meadowood Drive</p> <p>City State Zip Pittsburgh PA 15215</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>E. Full Name of Donor Hall Worthington</p> <p>Mailing Address of Donor 222 Plateau Ave.</p> <p>City State Zip Santa Cruz CA 95060</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>9 5 0 0 0 0</p>
<p>TOTAL This Period (last page line 9a number only)</p> <p>(carry over from last page to Line 9)</p>	<p>1 8 7 9 5 3 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Alan Wright</p> <p>Mailing Address of Donor 6212 Waterman</p> <p>City State Zip St. Louis MO 63130</p>	<p>Date of Receipt 08 06 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor Alan Wright</p> <p>Mailing Address of Donor 6212 Waterman</p> <p>City State Zip St. Louis MO 63130</p>	<p>Date of Receipt 08 15 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Alan Wright</p> <p>Mailing Address of Donor 6212 Waterman</p> <p>City State Zip St. Louis MO 63130</p>	<p>Date of Receipt 08 03 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor Sam Wyly</p> <p>Mailing Address of Donor 300 Crescent Court, Suite 1000</p> <p>City State Zip Dallas TX 75201</p>	<p>Date of Receipt 07 08 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Charles Wyly, Jr.</p> <p>Mailing Address of Donor 300 Crescent Court, Suite 1000</p> <p>City State Zip Dallas TX 75201</p>	<p>Date of Receipt 07 08 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2,300.00</p>
<p>TOTAL Tota Paid (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1,902,535.00</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor james yonkers</p> <p>Mailing Address of Donor 2000 Regency Parkway Suite 465</p> <p>City State Zip Cary NC 27511</p>	<p>Date of Receipt M Y D M Y Y 0 6 2 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor David York</p> <p>Mailing Address of Donor 135 Commonwealth Drive</p> <p>City State Zip Menlo Park CA 94025</p>	<p>Date of Receipt M Y D M Y Y 0 8 3 1 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Peter Zieve</p> <p>Mailing Address of Donor 4606 107th St SW</p> <p>City State Zip Mukilteo WA 98275</p>	<p>Date of Receipt M Y D M Y Y 0 8 2 7 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Michael Zimmerman</p> <p>Mailing Address of Donor 8102 Edgeware Ln.</p> <p>City State Zip Louisville KY 40220</p>	<p>Date of Receipt M Y D M Y Y 0 8 1 9 2 0 0 4</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Doug Zych</p> <p>Mailing Address of Donor 172 Field Point Road No. 4</p> <p>City State Zip Greenwich CT 06830</p>	<p>Date of Receipt M Y D M Y Y 0 8 1 6 2 0 0 4</p> <p>Amount 5 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>4 5 0 0 0 0</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1 9 0 7 0 3 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Doug Zych

Mailing Address of Donor
172 Field Point Road No. 4

City State Zip
Greenwich CT 06830

Date of Receipt
M D Y
0 9 2 0 0 4

Amount
2 5 0 0 0

B. Full Name of Donor
Douglas J. Zych

Mailing Address of Donor
172 Field Point Rd Apt 4

City State Zip
Greenwich CT 06830

Date of Receipt
M D Y
0 9 2 0 0 4

Amount
5 0 0 0 0

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt
M D Y

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt
M D Y

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt
M D Y

Amount

SUBTOTAL of Donations This Page (optional)	7 5 0 0 0
TOTAL This Period (last page this line number only)	1 9 0 7 7 8 5 0 0
(carry total from last page to Line 9)	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Chris LaCivita Consulting				Date of Disbursement or Obligation 0 9 / 3 1 / 2 0 0 4			
Mailing Address of Payee 13604 Timberlake Court				Amount 3,333.00			
City Midlothian	State VA	Zip Code 23311		Contribution Date 0 9 / 1 0 / 2 0 0 4			
Name of Employer _____				Occupation _____			
Purpose of Disbursement (including title(s) of communication(s)) Media Copywriting & Production							
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 CNN-TV				Date of Disbursement or Obligation 0 9 / 1 0 / 2 0 0 4			
Mailing Address of Payee One CNN Center 9-South				Amount 216,378.55			
City Atlanta	State GA	Zip Code 30303		Contribution Date 0 9 / 1 0 / 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: <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)				219,711.55			
TOTAL This Period (last page this line number only) (carry what from last page to line 10)				219,711.55			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. First Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.				Date of Disbursement or Obligation 0 9 1 0 2 0 0 4			
Mailing Address of Payee 600 Fairmont Avenue, Suite 306				Amount 3 8 1 8 4 4 5			
City	State	Zip Code		Communication Date			
TOWSON	MD	21286		0 9 1 0 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 type="checkbox"/>	Senate	District:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		
		<input checked="" type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶			
Name of Federal Candidate	Office Sought	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	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 Headline News				Date of Disbursement or Obligation 0 9 1 0 2 0 0 4			
Mailing Address of Payee One CNN Center 9-South				Amount 3 5 8 5 4 7 0			
City	State	Zip Code		Communication Date			
Atlanta	GA	30303		0 9 1 0 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 type="checkbox"/>	Senate	District:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		
		<input checked="" type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶			
Name of Federal Candidate	Office Sought	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	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) ▶				7 4 0 3 9 1 5			
TOTAL This Period (last page this line number only) (only total from last page to Line 10)				2 8 3 7 5 0 7 0			

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 0 2 0 0 4			
Mailing Address of Payee 600 Fairmont Avenue, Suite 306				Amount 6,327.30			
City Towson	State MD	Zip Code 21286		Communication Date 0 9 1 0 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: <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 Fox News Channel				Date of Disbursement or Obligation 0 9 1 0 2 0 0 4			
Mailing Address of Payee 1211 Avenue of the Americas, 17th Floor				Amount 198,184.30			
City New York	State NY	Zip Code 10036		Communication Date 0 9 1 0 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: <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)				204,511.60			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				498,262.30			

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 10 2004	
Mailing Address of Payee 600 Fairmont Avenue, Suite 306				Amount 34,973.70	
City TOWSON	State MD	Zip Code 21286		Communication Date 09 10 2004	
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 MSNBC				Date of Disbursement or Obligation 09 10 2004	
Mailing Address of Payee 1 MSNBC Plaza				Amount 73,256.75	
City Secaucus	State NJ	Zip Code 07084		Communication Date 09 10 2004	
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	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) ▶				108,239.45	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				606,501.75	

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 0 2 0 0 4	
Mailing Address of Payee 600 Fairmont Avenue, Suite 306				Amount 1 2 9 2 9 2 5	
City Towson	State MD	Zip Code 21286		Communication Date 0 9 ' 1 0 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 THC Network				Date of Disbursement or Obligation: 0 9 ' 1 0 2 0 0 4	
Mailing Address of Payee 250 Harbor Drive				Amount 6 0 8 3 2 8 0	
City Stamford	State CT	Zip Code 06904		Communication Date 0 9 ' 1 0 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: <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)) ▶				7 3 7 6 2 0 5	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				6 8 0 2 6 3 8 0	

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 10 29 04	
Mailing Address of Payee 600 Fairmont Avenue, Suite 305			Amount 1 0 7 8 5 2 0	
City Towson	State MD	Zip Code 21286	Communication Date 09 10 29 04	
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 Stevens Reed Curcio & Potholm			Date of Disbursement or Obligation 09 10 29 04	
Mailing Address of Payee 305 Cameron Street			Amount 1 1 3 1 3 0 0	
City Alexandria	State VA	Zip Code 22314	Communication Date 09 10 29 04	
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"/> 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) ▶	2 2 0 4 8 2 0
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 13)	7 0 2 3 1 2 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>JMN</i> PREPARER	<i>11-18-04</i> DATE PREPARED

(5/2004)