

**F A X**



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To: FEC FAX (Business Fax)  
Fax number: (202) 219-0174

From: Political Compliance Services, Inc  
Fax number: 703-425-8352  
Business phone:  
Home phone:

Date & Time: 10/30/2004 11:10:21 AM  
Pages: 15  
Re: Swift Boat Form 9 - 2

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# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

**1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name  
Swift Boal Vets and POWs for Truth

(b) Address (number and street)  check if different than previously reported  
P.O. Box 26184

(c) City, State and ZIP Code  
Alexandria, VA 22313

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number**

**3. Is This Statement**

New

or

Amended

**4. Covering Period**

from 10/19/04 through 10/29/04

**5. (a) Date of Public Distribution(s)** 10/29/2004

**(b) Communication Title** Nothing to Gain

**6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?** 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. Symms

(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) Occupation  
Retired

**9. Total Donations This Statement** 677,250.00

**10. Total Disbursements/Obligations This Statement** 490,877.77

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. Symms

SIGNATURE *Weymouth D. Symms* DATE 10/30/2004

NOTE: Submission of false information or willful failure to file this statement is a violation of the penalties of P.O.S.C. §432g

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.)	
(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) Occupation Retired
B. (a) Name John O'NEW	
(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 Pierce	(e) Occupation Attorney
C. (a) Name Alvin A. Horne	
(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	(e) Occupation Attorney
D. (a) Name Weymouth D. Symmes	
(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) Occupation Retired
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A  
Donation(s) Received

<p>A. Full Name of Donor <b>Richard Bennett</b></p> <p>Mailing Address of Donor <b>1009 Kakagi Ct</b></p> <p>City State Zip <b>Lexington KY 40515</b></p>	<p>Date of Receipt <b>10 28 2004</b></p> <p>Amount <b>25000</b></p>
<p>B. Full Name of Donor <b>John Bettendorf</b></p> <p>Mailing Address of Donor <b>9399 SE Delafield St</b></p> <p>City State Zip <b>Hobe Sound FL 33455</b></p>	<p>Date of Receipt <b>10 27 2004</b></p> <p>Amount <b>50000</b></p>
<p>C. Full Name of Donor <b>John Bettendorf</b></p> <p>Mailing Address of Donor <b>9399 SE Delafield Street</b></p> <p>City State Zip <b>Hobe Sound FL 33455</b></p>	<p>Date of Receipt <b>08 29 2004</b></p> <p>Amount <b>25000</b></p>
<p>D. Full Name of Donor <b>John Bettendorf</b></p> <p>Mailing Address of Donor <b>9399 SE Delafield Street</b></p> <p>City State Zip <b>Hobe Sound FL 33455</b></p>	<p>Date of Receipt <b>08 28 2004</b></p> <p>Amount <b>25000</b></p>
<p>E. Full Name of Donor <b>Douglas A. Bevis</b></p> <p>Mailing Address of Donor <b>530 Hillside Dr E</b></p> <p>City State Zip <b>Seattle WA 98112</b></p>	<p>Date of Receipt <b>10 27 2004</b></p> <p>Amount <b>100000</b></p>
<p>SUBTOTAL of Donations This Page (additional) ...</p> <p>TOTAL This Period (last page lists the number only) ... (copy total from last page to line #)</p>	<p><b>225000</b></p> <p><b>225000</b></p>

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor  
**Joseph Corda**

Mailing Address of Donor  
**1310 E Treasure Cove Dr**

City State Zip  
**Gilbert AZ 85234**

Date of Receipt  
 10 27 2004

Amount  
 50000

B. Full Name of Donor  
**Joseph Corda**

Mailing Address of Donor  
**1310 E. Treasure Cove Rd.**

City State Zip  
**Gilbert AZ 85234**

Date of Receipt  
 10 27 2004

Amount  
 50000

C. Full Name of Donor  
**Leon Davis**

Mailing Address of Donor  
**502 Thamer Ln**

City State Zip  
**Houston TX 77024**

Date of Receipt  
 10 27 2004

Amount  
 50000

D. Full Name of Donor  
**robert d dingeman**

Mailing Address of Donor  
**664 aspen hts drive**

City State Zip  
**fairbanks AK 99712**

Date of Receipt  
 10 29 2004

Amount  
 10000

E. Full Name of Donor  
**denis engel**

Mailing Address of Donor  
**6321 a calle bravira**

City State Zip  
**paradise valley AZ 85253**

Date of Receipt  
 10 20 2004

Amount  
 10000

SUBTOTAL of Donations This Page (optional) ..... **170000**

TOTAL This Period (last page this line number only) ..... **395000**  
 (carry total from last page to Line 9)

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Stephen Erickson</p> <p>Mailing Address of Donor 1934 Oak Knoll Drive</p> <p>City State Zip Belmont CA 94002</p>	<p>Date of Receipt 10 28 2004</p> <p>Amount 5 000 00</p>
<p><b>B. Full Name of Donor</b> Stephen Erickson</p> <p>Mailing Address of Donor 1934 Oak Knoll Drive</p> <p>City State Zip Belmont CA 94002</p>	<p>Date of Receipt 08 28 2004</p> <p>Amount 2 500 00</p>
<p><b>C. Full Name of Donor</b> Stephen Erickson</p> <p>Mailing Address of Donor 1934 Oak Knoll Drive</p> <p>City State Zip Belmont CA 94002</p>	<p>Date of Receipt 09 22 2004</p> <p>Amount 5 000 00</p>
<p><b>D. Full Name of Donor</b> Stephen E. Erickson</p> <p>Mailing Address of Donor 1934 Oak Knoll Dr</p> <p>City State Zip Belmont CA 94002</p>	<p>Date of Receipt 08 02 2004</p> <p>Amount 1 000 00</p>
<p><b>E. Full Name of Donor</b> Grant Fitts</p> <p>Mailing Address of Donor P.O. Box 670748</p> <p>City State Zip Dallas TX 75367</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 7 500 00</p>
<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>8 850 00</p>
<p>TOTAL This Period (last page this line number only) .....</p> <p>(carry total from last page to Line 9)</p>	<p>1 280 000</p>

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor  
**paul gordon**

Mailing Address of Donor  
**9001 fernwood rd**

City State Zip  
**bethesda MD 20817**

Date of Receipt  
**10 29 2004**

Amount  
**25000**

B. Full Name of Donor  
**Hale Harrison**

Mailing Address of Donor  
**PO Box 1112**

City State Zip  
**Ocean City MD 21843**

Date of Receipt  
**10 29 2004**

Amount  
**100000**

C. Full Name of Donor  
**mark hillestad**

Mailing Address of Donor  
**220 hatch rd**

City State Zip  
**wadsworth OH 44281**

Date of Receipt  
**10 29 2004**

Amount  
**25000**

D. Full Name of Donor  
**mark hillestad**

Mailing Address of Donor  
**220 hatch rd**

City State Zip  
**wadsworth OH 44281**

Date of Receipt  
**10 25 2004**

Amount  
**10000**

E. Full Name of Donor  
**mark hillestad**

Mailing Address of Donor  
**220 hatch road**

City State Zip  
**wadsworth OH 44281**

Date of Receipt  
**10 30 2004**

Amount  
**10000**

**GRAND TOTAL of Donations This Page (optional)** .....

**TOTAL This Page (last page file line number only)** .....

(copy total from last page to Line 9)

**170000**

**1450000**

**SCHEDULE B-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b>                      mark hillestad</p> <p><b>Mailing Address of Donor</b>                      220 hatch rd</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b>                      wadsworth                      OH                      44281</p>	<p><b>Date of Receipt</b>                      09 08 2004</p> <p><b>Amount</b>                      25000</p>
<p><b>B. Full Name of Donor</b>                      mark hillestad</p> <p><b>Mailing Address of Donor</b>                      220 hatch rd</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b>                      wadsworth                      OH                      44281</p>	<p><b>Date of Receipt</b>                      10 14 2004</p> <p><b>Amount</b>                      25000</p>
<p><b>C. Full Name of Donor</b>                      mark hillestad</p> <p><b>Mailing Address of Donor</b>                      220 hatch rd</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b>                      wadsworth                      OH                      44281</p>	<p><b>Date of Receipt</b>                      10 18 2004</p> <p><b>Amount</b>                      25000</p>
<p><b>D. Full Name of Donor</b>                      Leonard S. Holman, Jr.</p> <p><b>Mailing Address of Donor</b>                      5241 Winged Foot Drive</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b>                      Youngstown                      OH                      44512</p>	<p><b>Date of Receipt</b>                      10 29 2004</p> <p><b>Amount</b>                      100000</p>
<p><b>E. Full Name of Donor</b>                      George Kettle</p> <p><b>Mailing Address of Donor</b>                      1430 Spring Hill Road Suite 100</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b>                      McLean                      VA                      22102</p>	<p><b>Date of Receipt</b>                      10 28 2004</p> <p><b>Amount</b>                      100000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	<p><b>275000</b></p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page to Line B)</p>	<p><b>1725000</b></p>



**SCHEDULE B-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> <b>Leon Lang</b></p> <p>Mailing Address of Donor <b>26417 N Fernbush Dr</b></p> <p>City State Zip <b>Glendale AZ 85310</b></p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 25000</p>
<p><b>B. Full Name of Donor</b> <b>Seymour N. Lotsoff</b></p> <p>Mailing Address of Donor <b>439 E North Water St</b></p> <p>City State Zip <b>Chicago IL 60611</b></p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 100000</p>
<p><b>C. Full Name of Donor</b> <b>Thomas McGuire</b></p> <p>Mailing Address of Donor <b>PO Box 328</b></p> <p>City State Zip <b>Bonnars Ferry ID 83805</b></p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 50000</p>
<p><b>D. Full Name of Donor</b> <b>Thomas McGuire</b></p> <p>Mailing Address of Donor <b>PO Box 328</b></p> <p>City State Zip <b>Bonnars Ferry ID 83805</b></p>	<p>Date of Receipt 09/17/2004</p> <p>Amount 50000</p>
<p><b>E. Full Name of Donor</b> <b>frank michel</b></p> <p>Mailing Address of Donor <b>123 davis rd</b></p> <p>City State Zip <b>malvern PA 19355</b></p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 50000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b></p>	<p>275000</p>
<p><b>TOTAL This Period (Just page plus the remainder only)</b> (carry total from last page to Line 8)</p>	<p>2000000</p>

24038604749

**SCHEDULE 3-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b>  <b>Frank Mitchell</b></p> <p>Mailing Address of Donor  <b>8791 Fairway Gardens Dr</b></p> <p>City State Zip  <b>Cordova TN 38016</b></p>	<p>Date of Receipt  <b>10/27/2004</b></p> <p>Amount  <b>1000.00</b></p>
<p><b>B. Full Name of Donor</b>  <b>John Mumford</b></p> <p>Mailing Address of Donor  <b>2925 Woodside Rd</b></p> <p>City State Zip  <b>Woodside CA 94062</b></p>	<p>Date of Receipt  <b>10/27/2004</b></p> <p>Amount  <b>9750.00</b></p>
<p><b>C. Full Name of Donor</b>  <b>Boone Pickens (In-kind)</b></p> <p>Mailing Address of Donor  <b>8117 Preston Road, Suite 260</b></p> <p>City State Zip  <b>Dallas TX 75225</b></p>	<p>Date of Receipt  <b>10/28/2004</b></p> <p>Amount  <b>5000.00</b></p>
<p><b>D. Full Name of Donor</b>  <b>Richard Portis</b></p> <p>Mailing Address of Donor  <b>545 N. Dearborn St. Apt. 3505</b></p> <p>City State Zip  <b>Chicago IL 60610</b></p>	<p>Date of Receipt  <b>10/27/2004</b></p> <p>Amount  <b>2500.00</b></p>
<p><b>E. Full Name of Donor</b>  <b>Richard Portis</b></p> <p>Mailing Address of Donor  <b>545 N. Dearborn St. Apt. 3505</b></p> <p>City State Zip  <b>Chicago IL 60610</b></p>	<p>Date of Receipt  <b>06/04/2004</b></p> <p>Amount  <b>500.00</b></p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	<p><b>59925.00</b></p>
<p><b>TOTAL This Period (last page line number only)</b> .....</p> <p>(carry total from last page to Line 3)</p>	<p><b>519250.00</b></p>

24038604750

**SCHEDULE 9-A**  
**Donation(s) Received**

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<p><b>A. Full Name of Donor</b> <b>Richard Portis</b></p> <p>Mailing Address of Donor <b>545 N. Dearborn St. Apt. 3505</b></p> <p>City State Zip <b>Chicago IL 60610</b></p>	<p>Date of Receipt <b>05/19/2004</b></p> <p>Amount <b>25000</b></p>
<p><b>B. Full Name of Donor</b> <b>Edward Quinn III</b></p> <p>Mailing Address of Donor <b>7 Quail Ridge Road</b></p> <p>City State Zip <b>Milford DE 19963</b></p>	<p>Date of Receipt <b>10/29/2004</b></p> <p>Amount <b>100000</b></p>
<p><b>C. Full Name of Donor</b> <b>Thomas P. Sartwell</b></p> <p>Mailing Address of Donor <b>1300 Post Oak Blvd, Ste 2500</b></p> <p>City State Zip <b>Houston TX 77056</b></p>	<p>Date of Receipt <b>10/27/2004</b></p> <p>Amount <b>25000</b></p>
<p><b>D. Full Name of Donor</b> <b>Paul Seagers</b></p> <p>Mailing Address of Donor <b>8222 Douglas Ave, Ste 790</b></p> <p>City State Zip <b>Dallas TX 75225</b></p>	<p>Date of Receipt <b>10/27/2004</b></p> <p>Amount <b>50000</b></p>
<p><b>E. Full Name of Donor</b> <b>Paul R. Seagers</b></p> <p>Mailing Address of Donor <b>8222 Douglas Ave. Ste. 790</b></p> <p>City State Zip <b>Dallas TX 75225</b></p>	<p>Date of Receipt <b>09/17/2004</b></p> <p>Amount <b>50000</b></p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p><b>250000</b></p>
<p><b>TOTAL</b> This Period (last page this line amount only) .....</p> <p>(carry total from end page to Line B)</p>	<p><b>62175000</b></p>

24038604751

**SCHEDULE 3-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> William Slaughter</p> <p>Mailing Address of Donor 2942 Cherokee Road</p> <p>City State Zip Birmingham AL 35223</p>	<p>Date of Receipt 10 28 2004</p> <p>Amount 2 500 00</p>
<p><b>B. Full Name of Donor</b> William Slaughter</p> <p>Mailing Address of Donor 2942 Cherokee Road</p> <p>City State Zip Birmingham AL 35223</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 2 500 00</p>
<p><b>C. Full Name of Donor</b> William Slaughter</p> <p>Mailing Address of Donor 2942 Cherokee Road</p> <p>City State Zip Birmingham AL 35223</p>	<p>Date of Receipt 09 21 2004</p> <p>Amount 0 000 00</p>
<p><b>D. Full Name of Donor</b> Myra Taylor</p> <p>Mailing Address of Donor PO Box 217</p> <p>City State Zip Gunter TX 75058</p>	<p>Date of Receipt 11 02 2004</p> <p>Amount 5 000 00</p>
<p><b>E. Full Name of Donor</b> Myra Dianne Taylor</p> <p>Mailing Address of Donor PO Box 217</p> <p>City State Zip Gunter TX 75058</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 5 000 00</p>
<p><b>SUBTOTAL of Schedule This Page (upland)</b></p>	<p>2 000 00</p>
<p><b>TOTAL This Period (add page file number only)</b> (carry total from last page to Line 9)</p>	<p>6 237 500 00</p>

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor  
**Howard L. Terry**

Mailing Address of Donor  
**3104 Edloe St, Ste 300**

City State Zip  
**Houston TX 77027**

Date of Receipt  
 10 27 2004

Amount  
 5 000 000

B. Full Name of Donor  
**Robert Woodings**

Mailing Address of Donor  
**6 Meadowood Drive**

City State Zip  
**Pittsburgh PA 15215**

Date of Receipt  
 10 29 2004

Amount  
 1 000 000

C. Full Name of Donor  
**Scott Workman**

Mailing Address of Donor  
**1040 E. Herndon Ave. #201**

City State Zip  
**Fresno CA 93720**

Date of Receipt  
 10 29 2004

Amount  
 2 500 000

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional)	5 350 000
TOTAL This Period (last page this line number only) (carry info from last page to Line 1)	6 772 500

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <b>Mentzer Media Services (in-kind)</b>			Date of Disbursement or Obligation 10 29 2004
Mailing Address of Payee <b>600 Fairmount Avenue, Suite 306</b>			Amount 6731002
City <b>TOWSON</b>	State <b>MD</b>	Zip Code <b>21286</b>	Communication Code 10 29 2004
Name of Employer		Occupation	

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

**Media Commission**

Name of Federal Candidate <b>John F. Kerry</b>	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 <b>WDIO-TV (in-kind)</b>			Date of Disbursement or Obligation 10 29 2004
Mailing Address of Payee <b>10 Observation Road</b>			Amount 686375
City <b>Duluth</b>	State <b>MN</b>	Zip Code <b>55811</b>	Communication Code 10 29 2004
Name of Employer		Occupation	

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

**Media Buy**

Name of Federal Candidate <b>John F. Kerry</b>	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 (pages) \_\_\_\_\_

TOTAL This Period (last page line number only) \_\_\_\_\_  
(carry total from last page to line 10)

7417377  
7417377

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <b>KARE-TV (In-kind)</b>			Date of Disbursement or Obligation 10 29 2004
Mailing Address of Payee <b>8811 Olson Memorial Highway</b>			Amount 26095000
City <b>Minneapolis</b>	State <b>MN</b>	Zip Code <b>55427</b>	Communication Date 10 29 2004
Name of Employer	Occupation		

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

Media Buy

Name of Federal Candidate <b>John F. Kerry</b>	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 <b>KTTC-TV (In-kind)</b>			Date of Disbursement or Obligation 10 29 2004
Mailing Address of Payee <b>6301 Bandel Road NW</b>			Amount 5082150
City <b>Rochester</b>	State <b>MN</b>	Zip Code <b>55901</b>	Communication Date 10 29 2004
Name of Employer	Occupation		

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

Media Buy

Name of Federal Candidate <b>John F. Kerry</b>	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 (printed) \_\_\_\_\_

TOTAL This Period (last page into the number only) \_\_\_\_\_  
(carry over from last page to line 10)

31177150  
38594527

**SCHEDULE B-B**

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> KAAL-TV (in-kind)			<b>Date of Disbursement or Obligation</b> 10 29 2004
<b>Mailing Address of Payee</b> 1701 10th Place NE			<b>Amount</b> 1700000
<b>City</b> Austin	<b>State</b> MN	<b>Zip Code</b> 55912	<b>Communication Date</b> 10 29 2004
<b>Name of Employer</b> _____			<b>Occupation</b> _____

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

Media Buy

<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> KIMT-TV (in-kind)			<b>Date of Disbursement or Obligation</b> 10 29 2004
<b>Mailing Address of Payee</b> 112 N. Pennsylvania Avenue			<b>Amount</b> 300050
<b>City</b> Mason City	<b>State</b> IA	<b>Zip Code</b> 50401	<b>Communication Date</b> 10 29 2004
<b>Name of Employer</b> _____			<b>Occupation</b> _____

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

Media Buy

<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursements/Obligations This Page (optional) \_\_\_\_\_

TOTAL This Period (last page into the number only) \_\_\_\_\_  
 (carry total from last page to Line 10)

2000050  
 40594577



SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <b>WFTC-TV (in-kind)</b>			Date of Disbursement or Obligation 10 29 2004
Mailing Address of Payee <b>1701 Broadway Street</b>			Amount <b>1011500</b>
City <b>Minneapolis</b>	State <b>MN</b>	Zip Code <b>55413</b>	Communication Date 10 29 2004
Name of Employer	Occupation		

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

**Media Buy**

Name of Federal Candidate <b>John F. Kerry</b>	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 <b>KMSP-TV (In-kind)</b>			Date of Disbursement or Obligation 10 29 2004
Mailing Address of Payee <b>1701 Broadway Street</b>			Amount <b>4456500</b>
City <b>Minneapolis</b>	State <b>MN</b>	Zip Code <b>55413</b>	Communication Date 10 29 2004
Name of Employer	Occupation		

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

**Media Buy**

Name of Federal Candidate <b>John F. Kerry</b>	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) ▶

**5168000**

TOTAL This Period (last page this line number only) ▶  
(carry over from last page to line 10)

**45762577**

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <b>WCCO-TV (In-kind)</b>			Date of Disbursement or Obligation <b>10 29 2004</b>
Mailing Address of Payee <b>90 South 11th Street</b>			Amount <b>3325200</b>
City <b>Minneapolis</b>	State <b>MN</b>	Zip Code <b>55408</b>	Communication Date <b>10 29 2004</b>
Name of Employer		Occupation	

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

**Media Buy**

Name of Federal Candidate <b>John F. Kerry</b>	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			Date of Disbursement or Obligation
Mailing Address of Payee			Amount
City	State	Zip Code	Communication Date
Name of Employer		Occupation	

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

Name of Federal Candidate <b>John F. Kerry</b>	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) \_\_\_\_\_

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

3325200  
4808777

Federal Election Commission  
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 FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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 PREPARER

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