



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 11:02:30 AM
Pages: 14
Re: Swift Boat Form 9

24038604760

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 Boat Vets and POW's 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
C

3. Is This Statement New Amended

4. Covering Period 10 28 2004 through 10 29 2004

5. (a) Date of Public Distribution: 10 29 2004 **(b) Communication Title:** Banner

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. 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 _____ (e) Occupation
Retired Retired

9. Total Donations This Statement 677250.00

10. Total Disbursements/Obligations This Statement 701.25

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 *Weymouth D. Symmes* DATE 10/30/2004

NOTE: Submission of this statement is mandatory if the filer has reported the disbursements on this statement to the penalties of 2 U.S.C. §437g.

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

PAGE 2 OF 13

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'Neill
(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	Aivin A. Horns
(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 B-A
Donation(s) Received

<p>A. Full Name of Donor Richard Bennett</p> <p>Mailing Address of Donor 1009 Kakagi Ct</p> <p>City State Zip Lexington KY 40515</p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor John Bettendorf</p> <p>Mailing Address of Donor 9399 SE Delafield St</p> <p>City State Zip Hobe Sound FL 33455</p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor John Bettendorf</p> <p>Mailing Address of Donor 9399 SE Delafield Street</p> <p>City State Zip Hobe Sound FL 33455</p>	<p>Date of Receipt 10/19/2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor John Bettendorf</p> <p>Mailing Address of Donor 9399 SE Delafield Street</p> <p>City State Zip Hobe Sound FL 33455</p>	<p>Date of Receipt 10/20/2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Douglas A. Bevis</p> <p>Mailing Address of Donor 530 Hillside Dr E</p> <p>City State Zip Seattle WA 98112</p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page for line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>225000</p> <p>225000</p>

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SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Joseph Corda</p> <p>Mailing Address of Donor 1310 E Treasure Cove Dr</p> <p>City State Zip Gilbert AZ 85234</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor Joseph Corda</p> <p>Mailing Address of Donor 1310 E. Treasure Cone Rd.</p> <p>City State Zip Gilbert AZ 85234</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor Leon Davis</p> <p>Mailing Address of Donor 502 Thamer Ln</p> <p>City State Zip Houston TX 77024</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 500.00</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 10 29 2004</p> <p>Amount 1000.00</p>
<p>E. Full Name of Donor denis engel</p> <p>Mailing Address of Donor 6321 e calle bravira</p> <p>City State Zip paradise valley AZ 85253</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1000.00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1700.00</p>
<p>TOTAL This Period (add page two line number only) (carry total from last page to Line 5)</p>	<p>3950.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor 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. Full Name of Donor 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>C. Full Name of Donor 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>D. Full Name of Donor 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 09 02 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor 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 (extend)</p>	<p>8 850 00</p>
<p>TOTAL This Period (add page to 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

<p>A. Full Name of Donor paul gordon</p> <p>Mailing Address of Donor 9001 fernwood rd</p> <p>City State Zip bethesda MD 20817</p>	<p>Date of Receipt 10 29 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Hale Harrison</p> <p>Mailing Address of Donor PO Box 1112</p> <p>City State Zip Ocean City MD 21843</p>	<p>Date of Receipt 10 28 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor mark hillestad</p> <p>Mailing Address of Donor 220 hatch rd</p> <p>City State Zip wadsworth OH 44281</p>	<p>Date of Receipt 10 29 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor mark hillestad</p> <p>Mailing Address of Donor 220 hatch rd</p> <p>City State Zip wadsworth OH 44281</p>	<p>Date of Receipt 09 25 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor mark hillestad</p> <p>Mailing Address of Donor 220 hatch road</p> <p>City State Zip wadsworth OH 44281</p>	<p>Date of Receipt 05 30 2004</p> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1 700 00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry info from last page to Line B)</p>	<p>1 450 00</p>

SCHEDULE 3-A

Donation(s) Received

<p>A. Full Name of Donor mark hillestad</p> <hr/> <p>Mailing Address of Donor 220 hatch rd</p> <hr/> <p>City State Zip wadsworth OH 44281</p>	<p>Date of Receipt 10 09 2004</p> <hr/> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor mark hillestad</p> <hr/> <p>Mailing Address of Donor 220 hatch rd</p> <hr/> <p>City State Zip wadsworth OH 44281</p>	<p>Date of Receipt 10 14 2004</p> <hr/> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor mark hillestad</p> <hr/> <p>Mailing Address of Donor 220 hatch rd</p> <hr/> <p>City State Zip wadsworth OH 44281</p>	<p>Date of Receipt 10 18 2004</p> <hr/> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor Leonard S. Holman, Jr.</p> <hr/> <p>Mailing Address of Donor 5241 Winged Foot Drive</p> <hr/> <p>City State Zip Youngstown OH 44512</p>	<p>Date of Receipt 10 29 2004</p> <hr/> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor George Kettle</p> <hr/> <p>Mailing Address of Donor 1430 Spring Hill Road Suite 100</p> <hr/> <p>City State Zip McLean VA 22102</p>	<p>Date of Receipt 10 29 2004</p> <hr/> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <hr/> <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>2 750 00</p> <hr/> <p>1 725 00</p>

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SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Leon Lang</p> <p>Mailing Address of Donor 26417 N Fernbush Dr</p> <p>City State Zip Glendale AZ 85310</p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Seymour N. Lotsoff</p> <p>Mailing Address of Donor 439 E North Water St</p> <p>City State Zip Chicago IL 60611</p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Thomas McGuire</p> <p>Mailing Address of Donor PO Box 328</p> <p>City State Zip Bonners Ferry ID 83805</p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Thomas McGuire</p> <p>Mailing Address of Donor PO Box 328</p> <p>City State Zip Bonners Ferry ID 83805</p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor frank michel</p> <p>Mailing Address of Donor 123 davis rd</p> <p>City State Zip malvern PA 19355</p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>275000</p>
<p>TOTAL This Period (last page this form number only)</p> <p>(carry total from last page to Line 9)</p>	<p>2000000</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Frank Mitchell</p> <p>Mailing Address of Donor 8791 Fairway Gardens Dr</p> <p>City State Zip Cordova TN 38016</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor John Mumford</p> <p>Mailing Address of Donor 2925 Woodside Rd</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 9 750 00</p>
<p>C. Full Name of Donor Boone Pickens (In-kind)</p> <p>Mailing Address of Donor 8117 Preston Road, Suite 260</p> <p>City State Zip Dallas TX 75225</p>	<p>Date of Receipt 10 29 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Richard Portis</p> <p>Mailing Address of Donor 545 N. Dearborn St. Apt. 3505</p> <p>City State Zip Chicago IL 60610</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 2 500 00</p>
<p>E. Full Name of Donor Richard Portis</p> <p>Mailing Address of Donor 545 N. Dearborn St. Apt. 3505</p> <p>City State Zip Chicago IL 60610</p>	<p>Date of Receipt 08 04 2004</p> <p>Amount 5 000 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 9)</p>	<p>5 992 500 00</p> <p>6 192 500 00</p>

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor
Richard Portis

Mailing Address of Donor
545 N. Dearborn St. Apt. 3505

City State Zip
Chicago IL 60610

Date of Receipt
05 18 2004

Amount
25000

B. Full Name of Donor
Edward Quinn III

Mailing Address of Donor
7 Quail Ridge Road

City State Zip
Milford DE 19963

Date of Receipt
10 28 2004

Amount
1000000

C. Full Name of Donor
Thomas P. Sartwelle

Mailing Address of Donor
1300 Post Oak Blvd, Ste 2500

City State Zip
Houston TX 77056

Date of Receipt
10 27 2004

Amount
25000

D. Full Name of Donor
Paul Seagers

Mailing Address of Donor
8222 Douglas Ave, Ste 790

City State Zip
Dallas TX 75225

Date of Receipt
10 27 2004

Amount
50000

E. Full Name of Donor
Paul R. Seagers

Mailing Address of Donor
8222 Douglas Ave. Ste. 790

City State Zip
Dallas TX 75225

Date of Receipt
09 17 2004

Amount
50000

SUBTOTAL of Donations This Page (optional)	250000
TOTAL This Period (total page this line number only)	62175000
(carry total from last page to Line 9)	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor 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 20 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor 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 22 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor 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 21 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Myra Taylor</p> <p>Mailing Address of Donor PO Box 217</p> <p>City State Zip Gunter TX 75058</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor 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 10 22 2004</p> <p>Amount 50000</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>200000</p> <p>62375000</p>

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SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Howard L. Terry</p> <p>Mailing Address of Donor 3104 Edloe St, Ste 300</p> <p>City State Zip Houston TX 77027</p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 500000</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 10/28/2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Scott Workman</p> <p>Mailing Address of Donor 1040 E. Herndon Ave. #201</p> <p>City State Zip Fresno CA 93720</p>	<p>Date of Receipt 10/28/2004</p> <p>Amount 250000</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page this line number only) (many lots from last page to line 5)</p>	<p>5350000</p> <p>67725000</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services (In-kind)				Date of Disbursement or Obligation 10/29/2004	
Mailing Address of Payee 600 Fairmount Avenue, Suite 308				Amount 6375	
City Towson	State MD	Zip Code 21286	Communication Date 10/29/2004		
Name of Employer Occupation					
Purpose of Disbursement (including file(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	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 HUMAN EVENYS (In-kind)				Date of Disbursement or Obligation 10/29/2004	
Mailing Address of Payee One Massachusetts Avenue NW				Amount 63750	
City Washington	State DC	Zip Code 20001	Communication Date 10/29/2004		
Name of Employer Occupation					
Purpose of Disbursement (including file(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)				70125	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				70125	

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED