



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: 10/28/2004 9:28:46 AM
Pages: 137
Re: Swift Boat Form 9

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 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
C

3. Is This Statement **New** **Amended**

4. Covering Period 10/27/04 through 10/27/04

5. (a) Date of Public Distribution(s) 10/27/04 **(b) Communication Title** _____

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

(h) Name: Weymouth D. Symmes

(i) Address (number and street): P.O. Box 26184

(j) City, State and ZIP Code: Alexandria, VA 22313

(k) Name of Employer or Principal Place of Business: _____ (l) Occupation: Retired

9. Total Donations This Statement 40032500

10. Total Disbursements/Obligations This Statement 242071307

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 10/27/2004

NOTE: Submission of false, inaccurate or incomplete information may render the filer liable for signing this statement to the penalty of 1 U.S.C. § 457g.

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'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 & Pearce	(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

A. Full Name of Donor

Kent Adams

Mailing Address of Donor

P.O. Box 12523

City State Zip
Beaumont TX 77726

Date of Receipt

10 23 2004

Amount

1 0 0 0 0 0

B. Full Name of Donor

Richard Aldrich

Mailing Address of Donor

75 Cambridge Parkway Unit W-409

City State Zip
Cambridge, MA 02142

Date of Receipt

10 26 2004

Amount

1 0 0 0 0 0

C. Full Name of Donor

Richard Aldrich

Mailing Address of Donor

75 Cambridge Parkway Unit W-409

City State Zip
Cambridge, MA 02142

Date of Receipt

09 07 2004

Amount

2 5 0 0 0 0

D. Full Name of Donor

Jerry Allamon

Mailing Address of Donor

18935 Freeport

City State Zip
Montgomery TX 77356

Date of Receipt

10 22 2004

Amount

5 0 0 0 0 0

E. Full Name of Donor

Jerry Allamon

Mailing Address of Donor

18935 Freeport Drive

City State Zip
Montgomery TX 77356

Date of Receipt

10 18 2004

Amount

5 0 0 0 0 0

SUBTOTAL of Donations This Page (optional)

3 2 5 0 0 0

TOTAL This Period (last page this line number only)
(carry over from last page to Line 5)

3 2 5 0 0 0

SCHEDULE 3-A
Donation(s) Received

<p>A. Full Name of Donor Don Allen</p> <p>Mailing Address of Donor 4406 Oxford Way</p> <p>City State Zip Norman OK 73072</p>	<p>Date of Receipt 10/25/2004</p> <p>Amount 250000</p>
<p>B. Full Name of Donor Walter Allen</p> <p>Mailing Address of Donor 43 West Broad Oaks Drive</p> <p>City State Zip Houston TX 77056</p>	<p>Date of Receipt 10/23/2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor THOMAS ALLISON</p> <p>Mailing Address of Donor PO BOX 10220</p> <p>City State Zip ST PETERSBURG FL 33733</p>	<p>Date of Receipt 10/24/2004</p> <p>Amount 500000</p>
<p>D. Full Name of Donor THOMAS ALLISON</p> <p>Mailing Address of Donor PO BOX 10220</p> <p>City State Zip ST PETERSBURG FL 33733</p>	<p>Date of Receipt 10/26/2004</p> <p>Amount 1000000</p>
<p>E. Full Name of Donor Josh Ammons</p> <p>Mailing Address of Donor 1117 Chriswood Drive</p> <p>City State Zip Abilene TX 79601</p>	<p>Date of Receipt 10/23/2004</p> <p>Amount 500000</p>

<p>SUBTOTAL of donations This Page (optional)</p>	<p>550000</p>
<p>TOTAL This Period (see page 1 for line number only)</p> <p>(carry over from last page to Line B)</p>	<p>875000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Josh Ammons</p> <p>Residential Address of Donor 1117 Chriswood Drive</p> <p>City State Zip Abilene TX 79601</p>	<p>Date of Receipt 08 30 2004</p> <p>Amount 500000</p>
<p>B. Full Name of Donor Doreen Andriacchi</p> <p>Residential Address of Donor 12167 Altamont Ct</p> <p>City State Zip Los Altos Hills CA 94022</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 500000</p>
<p>C. Full Name of Donor Doreen Andriacchi</p> <p>Residential Address of Donor 12167 Altamont Ct</p> <p>City State Zip Los Altos Hills CA 94022</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 500000</p>
<p>D. Full Name of Donor John Antonelli</p> <p>Residential Address of Donor PO Box 395</p> <p>City State Zip Bluemont VA 20135</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1000000</p>
<p>E. Full Name of Donor Clinton Ashford</p> <p>Residential Address of Donor 1750 South Lumpkin Street</p> <p>City State Zip Athens GA 30606</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 250000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>275000</p>
<p>TOTAL This Period (last page this one number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1150000</p>

24038602770

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Clinton Ashford</p> <p>Mailing Address of Donor 1750 South Lumpkin Street</p> <p>City State Zip Athens GA 30606</p>	<p>Date of Receipt 09 22 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Clinton Ashford</p> <p>Mailing Address of Donor 1750 South Lumpkin Street</p> <p>City State Zip Athens GA 30606</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Paul Barber</p> <p>Mailing Address of Donor PO Box 631936</p> <p>City State Zip Nacogdoches TX 75963</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor barney barron</p> <p>Mailing Address of Donor 35246 us hwy 19 n. , pmb 122</p> <p>City State Zip palm harbor FL 34684</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor barney barron</p> <p>Mailing Address of Donor 35246 u s hwy 19 north pmb 122</p> <p>City State Zip paim harbor FL 34684</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 25000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page lists line number only) ▶ (carry total from last page to this #)</p>	<p>300000</p> <p>1450000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor GEORGE BEARD</p> <p>Mailing Address of Donor 8005 KENDRICK CROSSING LANE</p> <p>City State Zip LOUISVILLE KY 40291</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor GEORGE BEARD</p> <p>Mailing Address of Donor 8005 KENDRICK CROSSING LANE</p> <p>City State Zip LOUISVILLE KY 40291</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor GEORGE BEARD</p> <p>Mailing Address of Donor 8005 KENDRICK CROSSING LANE</p> <p>City State Zip LOUISVILLE KY 40291</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor GEORGE BEARD</p> <p>Mailing Address of Donor 8005 KENDRICK CROSSING LANE</p> <p>City State Zip LOUISVILLE KY 40291</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 2 500 00</p>
<p>E. Full Name of Donor GEORGE S BEARD</p> <p>Mailing Address of Donor 8005 KENDRICK CROSSING LANE</p> <p>City State Zip LOUISVILLE KY 40291</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>8 000 00</p>
<p>TOTAL Tills Paid (last page this line overleaf only) (carry total from final page to Line 9)</p>	<p>1 530 000 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor GEORGE S. BEARD</p> <hr/> <p>Mailing Address of Donor 8005 KENDRICK CROSSING LANE</p> <hr/> <p>City State Zip LOUISVILLE KY 40291</p>	<p>Date of Receipt 08/29/2004</p> <hr/> <p>Amount 10000</p>
<p>B. Full Name of Donor GEORGE S. BEARD</p> <hr/> <p>Mailing Address of Donor 8005 KENDRICK CROSSING LANE</p> <hr/> <p>City State Zip LOUISVILLE KY 40291</p>	<p>Date of Receipt 09/04/2004</p> <hr/> <p>Amount 10000</p>
<p>C. Full Name of Donor William Becker</p> <hr/> <p>Mailing Address of Donor 903 Millard Court</p> <hr/> <p>City State Zip Daytona Beach FL 32117</p>	<p>Date of Receipt 10/22/2004</p> <hr/> <p>Amount 10000</p>
<p>D. Full Name of Donor William Becker</p> <hr/> <p>Mailing Address of Donor 903 Millard Court</p> <hr/> <p>City State Zip Daytona Beach FL 32117</p>	<p>Date of Receipt 10/25/2004</p> <hr/> <p>Amount 25000</p>
<p>E. Full Name of Donor elizabeth pr BECKMAN</p> <hr/> <p>Mailing Address of Donor 435 CEDAR AVE SO</p> <hr/> <p>City State Zip RENTON WA 98055</p>	<p>Date of Receipt 10/23/2004</p> <hr/> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (collected)</p> <hr/> <p>TOTAL This Period (and page fee line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>105000</p> <hr/> <p>1835000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor dana benson</p> <p>Mailing Address of Donor 150 south rodeo drive</p> <p>City State Zip bh CA 90212</p>	<p>Date of Receipt 10/26/2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor dana benson</p> <p>Mailing Address of Donor 150 south rodeo dr</p> <p>City State Zip bh CA 90212</p>	<p>Date of Receipt 10/09/2004</p> <p>Amount 5,000.00</p>
<p>C. Full Name of Donor dana benson</p> <p>Mailing Address of Donor 150 south rodeo dr</p> <p>City State Zip bh CA 90212</p>	<p>Date of Receipt 10/19/2004</p> <p>Amount 2,500.00</p>
<p>D. Full Name of Donor Daniel Benson</p> <p>Mailing Address of Donor 188 East 76th Street</p> <p>City State Zip New York NY 10021</p>	<p>Date of Receipt 10/25/2004</p> <p>Amount 10,000.00</p>
<p>E. Full Name of Donor Daniel Benson</p> <p>Mailing Address of Donor 188 East 76th Street</p> <p>City State Zip New York NY 10021</p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 5,000.00</p>

<p>SUBTOTAL of donations This Page (optional)</p>	<p>2,500.00</p>
<p>TOTAL This Period (see page two line number only)</p> <p>(carry over from last page to line 9)</p>	<p>18,850.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor stephen bickel</p> <p>Mailing Address of Donor 55 saddlebrook</p> <p>City State Zip houston TX 77024</p>	<p>Date of Receipt MONTH DAY YEAR 10 25 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor stephen bickel</p> <p>Mailing Address of Donor 55 saddlebrook</p> <p>City State Zip houston TX 77024</p>	<p>Date of Receipt MONTH DAY YEAR 08 11 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor George C. Bitting</p> <p>Mailing Address of Donor 120 Sachuest Way</p> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt MONTH DAY YEAR 10 24 2004</p> <p>Amount 10000</p>
<p>D. Full Name of Donor Norman Blake</p> <p>Mailing Address of Donor 11179 Estancia Way</p> <p>City State Zip Carmel IN 46032</p>	<p>Date of Receipt MONTH DAY YEAR 10 22 2004</p> <p>Amount 10000</p>
<p>E. Full Name of Donor john boniface</p> <p>Mailing Address of Donor 2601 fall hill ave</p> <p>City State Zip fredericksburg VA 22401</p>	<p>Date of Receipt MONTH DAY YEAR 10 25 2004</p> <p>Amount 25000</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 8)</p>	<p>145000</p> <p>2030000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor john boniface</p> <p>Mailing Address of Donor 2601 fall hill ave</p> <p>City State Zip fredericksburg VA 22401</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor john boniface</p> <p>Mailing Address of Donor 2601 fall hill ave</p> <p>City State Zip fredericksburg VA 22401</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 3 000 00</p>
<p>C. Full Name of Donor john boniface</p> <p>Mailing Address of Donor 2601 fall hill ave</p> <p>City State Zip fredericksburg VA 22401</p>	<p>Date of Receipt 10 02 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor john boniface</p> <p>Mailing Address of Donor 2601 fall hill ave</p> <p>City State Zip fredericksburg VA 22401</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 2 500 00</p>
<p>E. Full Name of Donor William Borders</p> <p>Mailing Address of Donor 235 Sotir St NW</p> <p>City State Zip Fort Walton Beach FL 32648</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 5 000 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (and page this line number only)</p> <p>(carry total from last page to Line 5)</p>	<p>1 350 00</p> <p>2 165 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Simon Bourne</p> <p>Mailing Address of Donor 2351 Comanche Ct</p> <p>City State Zip Norco CA 92850</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Simon Bourne</p> <p>Mailing Address of Donor 2351 Comanche Ct</p> <p>City State Zip Norco CA 92860</p>	<p>Date of Receipt 09 27 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor Simon Bourne</p> <p>Mailing Address of Donor 2351 Comanche Ct</p> <p>City State Zip Norco CA 92860</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Josh Bradbury</p> <p>Mailing Address of Donor 26 Shoreline Dr.</p> <p>City State Zip Newport Coast CA 92657</p>	<p>Date of Receipt 11 01 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Josh Bradbury</p> <p>Mailing Address of Donor 26 Shoreline Dr.</p> <p>City State Zip Newport Coast CA 92657</p>	<p>Date of Receipt 08 05 2004</p> <p>Amount 2 500 00</p>
<p>SUBTOTAL of Donations This Page (optional) 17 500 00</p> <p>TOTAL This Period (last page this line number only) 23 400 00 (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Josh Bradbury</p> <p>Mailing Address of Donor 26 Shoreline Dr.</p> <p>City State Zip Newport Coast CA 92657</p>	<p>Date of Receipt 09 10 2004</p> <p>Amount 5 00 00</p>
<p>B. Full Name of Donor Sam C. Bradshaw</p> <p>Mailing Address of Donor 5944 Luther Lane, Suite 601</p> <p>City State Zip Dallast TX 75226</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 5 00 00</p>
<p>C. Full Name of Donor FRANK BRETTSCHEIDER</p> <p>Mailing Address of Donor 8454 LAKESHORE</p> <p>City State Zip LAKEPORT MI 48059</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 5 00 00</p>
<p>D. Full Name of Donor Frank Brettschneider</p> <p>Mailing Address of Donor 8454 Lakeshore Road</p> <p>City State Zip Burtchville MI 48059</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 5 00 00</p>
<p>E. Full Name of Donor John Brinkerhoff</p> <p>Mailing Address of Donor 5411 Point Longstreet Way</p> <p>City State Zip Burke VA 22015</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 5 00 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 50 00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to line 9)</p>	<p>2 50 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John Brinson</p> <p>Mailing Address of Donor 1645 Kecks Road</p> <p>City State Zip Breinigsville PA 18031</p>	<p>Date of Receipt 10/22/2004</p> <p>Amount 250000</p>
<p>B. Full Name of Donor John Brinson</p> <p>Mailing Address of Donor 1645 Kecks Road</p> <p>City State Zip Breinigsville PA 18031</p>	<p>Date of Receipt 10/23/2004</p> <p>Amount 250000</p>
<p>C. Full Name of Donor John Brinson</p> <p>Mailing Address of Donor 1645 Kecks Road</p> <p>City State Zip Breinigsville PA 18031</p>	<p>Date of Receipt 09/07/2004</p> <p>Amount 500000</p>
<p>D. Full Name of Donor Andrew Brooks</p> <p>Mailing Address of Donor 14159 Berasford Rd</p> <p>City State Zip Beverly Hills CA 90210</p>	<p>Date of Receipt 10/22/2004</p> <p>Amount 1000000</p>
<p>E. Full Name of Donor r. s. brooks</p> <p>Mailing Address of Donor 6740 s.w. 130th terrace</p> <p>City State Zip miami FL 33156</p>	<p>Date of Receipt 10/25/2004</p> <p>Amount 1000000</p>
<p>SUBTOTAL of Donations This Page (dollars)</p>	<p>3000000</p>
<p>TOTAL This Period (add page this line number only)</p> <p>(carry over from last page to Line 9)</p>	<p>2690000</p>

SCHEDULE 3-A
Donation(s) Received

<p>A. Full Name of Donor GEORGE BROWN</p> <p>Mailing Address of Donor 510 WHITHORN COURT</p> <p>City State Zip TIMONIUM MD 21093</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor George Brown</p> <p>Mailing Address of Donor 510 Whithorn Ct</p> <p>City State Zip Timonium MD 21093</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 97500</p>
<p>C. Full Name of Donor Greg Brown</p> <p>Mailing Address of Donor 11921 Grandview</p> <p>City State Zip Columbus IN 47201</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor David Brownlee</p> <p>Mailing Address of Donor 12605 El Camino Real #B</p> <p>City State Zip San Diego CA 92130</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 400000</p>
<p>E. Full Name of Donor robert burton</p> <p>Mailing Address of Donor 345 east 93rd street 18-G</p> <p>City State Zip new york NY 10128</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>397500</p>
<p>TOTAL This Period (last page first line number only)</p> <p>(carry total from last page to Line 5)</p>	<p>3287500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor robert burton</p> <p>Mailing Address of Donor 345 east 93rd street</p> <p>City State Zip new york NY 10128</p>	<p>Date of Receipt MO/YR DAY MONTH/YR 05 31 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Paul Butterfield</p> <p>Mailing Address of Donor 13798 Lakeside Drive</p> <p>City State Zip Clarksville MD 21029</p>	<p>Date of Receipt MO/YR DAY MONTH/YR 10 25 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Jackie Byerly</p> <p>Mailing Address of Donor 4966 Lapis Lane</p> <p>City State Zip Pleasanton CA 94566</p>	<p>Date of Receipt MO/YR DAY MONTH/YR 10 29 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Robert Byers</p> <p>Mailing Address of Donor 276 Bristol Rd</p> <p>City State Zip Chalfont PA 18914</p>	<p>Date of Receipt MO/YR DAY MONTH/YR 10 25 2004</p> <p>Amount 250000</p>
<p>E. Full Name of Donor Phillip Callif</p> <p>Mailing Address of Donor 9707 Middleton Ridge Rd</p> <p>City State Zip Vienna VA 22182</p>	<p>Date of Receipt MO/YR DAY MONTH/YR 10 23 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>475000</p>
<p>TOTAL This Period (last page first line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>8762500</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor: PHILLIP CALLIF</p> <p>Mailing Address of Donor 9707 MIDDLETON RIDGE RD</p> <p>City State Zip VIENNA VA 22182</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor David Carter</p> <p>Mailing Address of Donor 3535 W Tropicana Ave</p> <p>City State Zip Las Vegas NV 89103</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor David Carter</p> <p>Mailing Address of Donor 3535 W Tropicana Avenue</p> <p>City State Zip Las Vegas NV 89103</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Giuseppe Cecchi</p> <p>Mailing Address of Donor 1209 Aildebaran Dr</p> <p>City State Zip McLean VA 22101</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Rodney Chadwick</p> <p>Mailing Address of Donor 109 Golf View Drive</p> <p>City State Zip Cohutta GA 30710</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 000 00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to line 9)</p>	<p>4 062 500</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor betty christopherson</p> <p>Mailing Address of Donor 4305 bigelow blvd</p> <p>City State Zip pittsburgh PA 15213</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Ashley Classen</p> <p>Mailing Address of Donor PO Box 9290</p> <p>City State Zip Fort Worth TX 76147</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>C. Full Name of Donor Douglas R. Clayton</p> <p>Mailing Address of Donor 82 Wrightstown Rd</p> <p>City State Zip Cookstown NJ 08511</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor david clement</p> <p>Mailing Address of Donor 7 charles street #3</p> <p>City State Zip new york NY 10014</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>E. Full Name of Donor david clement</p> <p>Mailing Address of Donor 7 charies st. #3</p> <p>City State Zip new york NY 10014</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (see page two the number only) ▶ (carry total from last page to Line 6)</p>	<p>3 0 0 0 0 0</p> <p>4 3 5 2 5 0 0</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor david clement</p> <p>Mailing Address of Donor 7 charles st. #3</p> <p>City State Zip new york NY 10014</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Robert Cleveland</p> <p>Mailing Address of Donor PO Box 681400</p> <p>City State Zip Kansas City MO 64168</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor Nancy Cloud</p> <p>Mailing Address of Donor 21 Albert Meadow</p> <p>City State Zip Bar Harbor ME 04609</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Nancy Cloud</p> <p>Mailing Address of Donor 21 Albert Meadow</p> <p>City State Zip Bar Harbor ME 04609</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 2 500 00</p>
<p>E. Full Name of Donor Nancy Cloud</p> <p>Mailing Address of Donor 21 Albert Meadow</p> <p>City State Zip Bar Harbor ME 04609</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 2 500 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 750 00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to line B)</p>	<p>4 737 500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Howard Cohen</p> <p>Mailing Address of Donor 10405 Sandringham Court</p> <p>City State Zip Potomac MD 20854</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt 10 29 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1 300 00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line F)</p>	<p>4 867 500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 25000</p>
<p>B Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt 10/10/2004</p> <p>Amount 10000</p>
<p>C Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt 10/11/2004</p> <p>Amount 10000</p>
<p>D Full Name of Donor Richard Cohen</p> <p>Mailing Address of Donor 401 Lloyd Circle</p> <p>City State Zip Colleyville TX 76034</p>	<p>Date of Receipt 10/19/2004</p> <p>Amount 25000</p>
<p>E Full Name of Donor Gary Cole</p> <p>Mailing Address of Donor 5588 Alta Canyon Drive</p> <p>City State Zip Sandy UT 84093</p>	<p>Date of Receipt 10/23/2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (top row)</p>	<p>57000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to line 9)</p>	<p>5437500</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
lewis cook jr

Mailing Address of Donor
3 harbor drive ste 303

City State Zip
sausalito CA 94965

Date of Receipt
 10 23 2004

Amount
 250000

B. Full Name of Donor
lewis cook jr

Mailing Address of Donor
3 harbor drive, suite 303

City State Zip
sausalito CA 94965

Date of Receipt
 08 23 2004

Amount
 100000

C. Full Name of Donor
lewis cook jr

Mailing Address of Donor
3 harbor drive, suite 303

City State Zip
sausalito CA 94965

Date of Receipt
 08 06 2004

Amount
 100000

D. Full Name of Donor
lewis cook jr

Mailing Address of Donor
3 harbor drive ste 303

City State Zip
sausalito CA 94965

Date of Receipt
 09 15 2004

Amount
 100000

E. Full Name of Donor
lewis cook jr

Mailing Address of Donor
3 harbor drive, ste 303

City State Zip
sausalito CA 94965

Date of Receipt
 09 20 2004

Amount
 250000

SUBTOTAL of Donations This Page (optional)>

TOTAL This Period (last page five and number ONLY)>
 (carry total from last page to line 9)

800000

55175000

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor lewis cook jr</p> <p>Mailing Address of Donor 3 harbor drive ste 303</p> <p>City State Zip sausalito CA 94965</p>	<p>Date of Receipt 10 14 2008</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Jennifer Coombs</p> <p>Mailing Address of Donor 9982 Troon Ct</p> <p>City State Zip Windsor CA 95492</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Jennifer Coombs</p> <p>Mailing Address of Donor 9982 Troon Ct</p> <p>City State Zip Windsor CA 95492</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor NOEL COON</p> <p>Mailing Address of Donor 4300 Melianani Place</p> <p>City State Zip Wailea HI 96753</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 250000</p>
<p>E. Full Name of Donor Joe Crail</p> <p>Mailing Address of Donor 1020 Las Lomas Ave.</p> <p>City State Zip PACIFIC PALISADES CA 90272</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 25000</p>
<p>SUBTOTAL of Donations This Page (US\$)</p>	<p>425000</p>
<p>TOTAL This Form (last page has line number only)</p> <p>(carry over from last page to line 9)</p>	<p>5942500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Gunder Creager</p> <p>Mailing Address of Donor 1040 Loma Avenue</p> <p>City State Zip Coronado CA 92118</p>	<p>Date of Receipt 10/23/2004</p> <p>Amount 5,000.00</p>
<p>B. Full Name of Donor Gunder Creager</p> <p>Mailing Address of Donor 1040 Loma Avenue</p> <p>City State Zip Coronado CA 92118</p>	<p>Date of Receipt 08/08/2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor Gunder Creager</p> <p>Mailing Address of Donor 1040 Loma Avenue</p> <p>City State Zip Coronado CA 92118</p>	<p>Date of Receipt 08/31/2004</p> <p>Amount 5,000.00</p>
<p>D. Full Name of Donor Tom Crook</p> <p>Mailing Address of Donor 2203 Riverview Drive</p> <p>City State Zip Murfreesboro TN 37129</p>	<p>Date of Receipt 10/22/2004</p> <p>Amount 10,000.00</p>
<p>E. Full Name of Donor Paul Crow</p> <p>Mailing Address of Donor 2731 Timberleaf Dr</p> <p>City State Zip Carrollton TX 75006</p>	<p>Date of Receipt 10/23/2004</p> <p>Amount 5,000.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (add page this line NUMBER only)</p> <p>(carry total from last page to Line 9)</p>	<p>26,000.00</p> <p>62,025.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor pamela czewska</p> <p>Mailing Address of Donor 147 willow lane</p> <p>City State Zip clinton corners NY 12514</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor pamela czewska</p> <p>Mailing Address of Donor 147 willow lane</p> <p>City State Zip clinton corners NY 12514</p>	<p>Date of Receipt 08 10 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor pamela czewska</p> <p>Mailing Address of Donor 147 willow lane</p> <p>City State Zip clinton corners NY 12514</p>	<p>Date of Receipt 09 18 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor pamela czewska</p> <p>Mailing Address of Donor 147 willow lane</p> <p>City State Zip clinton corners NY 12514</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor pamela czewska</p> <p>Mailing Address of Donor 147 willow lane</p> <p>City State Zip clinton corners NY 12514</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 2 500 00</p>
<p>SUBTOTAL of Donations This Page (Schedule 9-A)</p> <p>TOTAL This Form (and page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>8 000 00</p> <p>6 282 500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor pamela czewska</p> <p>Mailing Address of Donor 147 willow lane</p> <p>City State Zip clinton corners NY 12514</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Richard De Prospero</p> <p>Mailing Address of Donor 7366 Big Cypress Dr</p> <p>City State Zip Miami Lakes FL 33014</p>	<p>Date of Receipt 10 29 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Leslie Deane</p> <p>Mailing Address of Donor 98 Main St Suite 205</p> <p>City State Zip Tiburon CA 94920</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor Leslie S Deane</p> <p>Mailing Address of Donor 98 Main Street, Suite 205</p> <p>City State Zip Tiburon CA 94920</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</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 10 29 2004</p> <p>Amount 10000</p>
<p>SUBTOTAL of Donations (This Page (optional))</p> <p>TOTAL This Period (last page 99a line number only)</p> <p>(carry total from last page to line 9)</p>	<p>285000</p> <p>6567500</p>

SCHEDULE 3-A
Donation(s) Received

<p>A. Full Name of Donor Romano DeMarco</p> <p>Mailing Address of Donor 420 Elmington Ave Apt 1210</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Romano DeMarco</p> <p>Mailing Address of Donor 420 Elmington Ave Apt 1210</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 10000</p>
<p>C. Full Name of Donor Romano Demarco</p> <p>Mailing Address of Donor 420 Elmington Ave Apt 1210</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 10000</p>
<p>D. Full Name of Donor Romano DeMarco</p> <p>Mailing Address of Donor 420 Elmington Ave Apt. 1210</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 10000</p>
<p>E. Full Name of Donor Romano DeMarco</p> <p>Mailing Address of Donor 420 Elmington Ave Apt 1210</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 25000</p>

<p>SUBTOTAL (if Conditions This Page (optional)</p>	<p>80000</p>
<p>TOTAL This Form (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>6647500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Romano DeMarco</p> <p>Mailing Address of Donor 420 Elmington Ave Apt 1210</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt 10/10/2004</p> <p>Amount 10000</p>
<p>B. Full Name of Donor Romano DeMarco</p> <p>Mailing Address of Donor 420 Elmington Ave Apt 1210</p> <p>City State Zip Nashville TN 37205</p>	<p>Date of Receipt 10/19/2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Alexandra Denman</p> <p>Mailing Address of Donor 602 N. Crescent Drive</p> <p>City State Zip Beverly Hills CA 90210</p>	<p>Date of Receipt 10/22/2004</p> <p>Amount 100000</p>
<p>D. 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 10/22/2004</p> <p>Amount 50000</p>
<p>E. 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 10/25/2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>235000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to line 8)</p>	<p>6882500</p>

SCHEDULE B-A
Donation(s) Received

A. Full Name of Donor

Steven Diehl

Mailing Address of Donor

20311 Parkwood Court

City

Hagerstown

State

MD

Zip

21742

Date of Receipt

10/23/2004

Amount

1 0 0 0 0 0

B. Full Name of Donor

Steven Diehl

Mailing Address of Donor

20311 Parkwood Court

City

Hagerstown

State

MD

Zip

21742

Date of Receipt

10/24/2004

Amount

1 0 0 0 0 0

C. Full Name of Donor

Robert D Dingeman

Mailing Address of Donor

664 Aspen Hts. Drive

City

Fairbanks

State

AK

Zip

99712

Date of Receipt

10/23/2004

Amount

2 5 0 0 0 0

D. Full Name of Donor

Greg Dodds

Mailing Address of Donor

31 Whitcomb Drive

City

Grasse Pointe Farms

State

MI

Zip

48236

Date of Receipt

10/23/2004

Amount

5 0 0 0 0 0

E. Full Name of Donor

John Donovan

Mailing Address of Donor

5135 Trumbull Court

City

Dunwoody

State

GA

Zip

30338

Date of Receipt

10/22/2004

Amount

2 5 0 0 0 0

SUBTOTAL of Donations This Page (optional)

7 5 0 0 0 0

TOTAL This Period (add page this line number only)
(carry total from last page to line 9)

7 5 3 2 5 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor James Dorrian</p> <p>Mailing Address of Donor: 101 1st St #746</p> <p>City State Zip Los Altos CA 94022</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor James Dorrian</p> <p>Mailing Address of Donor: 101 1st St #746</p> <p>City State Zip Los Altos CA 94022</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Michael Doty</p> <p>Mailing Address of Donor: 259 Kilmer Point Drive</p> <p>City State Zip Urbanna VA 23175</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor Mark Dreia</p> <p>Mailing Address of Donor: 218 Thomdike St. #205</p> <p>City State Zip Cambridge MA 02141</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 500 00</p>
<p>E. Full Name of Donor Mark Dreia</p> <p>Mailing Address of Donor: 218 Thomdike #205</p> <p>City State Zip Cambridge MA 02141</p>	<p>Date of Receipt 10 21 2004</p> <p>Amount 2 500 00</p>

<p>AGGREGAL of Donations This Page (optional)</p>	<p>3 750 00</p>
<p>TOTAL This Period (add page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>8 007 500</p>

SCHEDULE 3-A

Donation(s) Received

<p>A. Full Name of Donor Mark Dreia</p> <p>Mailing Address of Donor 218 Thorndike St. #205</p> <p>City State Zip Cambridge MA 02141</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor David Drinan</p> <p>Mailing Address of Donor 38 Frew Terrace</p> <p>City State Zip Enfield CT 06082</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 10000</p>
<p>C. Full Name of Donor Brian Duncan</p> <p>Mailing Address of Donor 2332 Evergreen St.</p> <p>City State Zip Pampa TX 79065</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 10000</p>
<p>D. Full Name of Donor William Dwyer</p> <p>Mailing Address of Donor 2 Maryland Circle</p> <p>City State Zip Whitehall PA 18052</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Willard Edison</p> <p>Mailing Address of Donor 6043 Hatton Place</p> <p>City State Zip Ferndale WA 98248</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>195000</p>
<p>TOTAL This Period (Add page 31a line number only) (carry total from last page to Line 9)</p>	<p>8202500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert J. Eichenberg</p> <p>Mailing Address of Donor 1 Collins Is</p> <p>City State Zip Newport Beach CA 92662</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1000000</p>
<p>B. Full Name of Donor terence english</p> <p>Mailing Address of Donor 9 runyon mill rd</p> <p>City State Zip ringoes NJ 08551</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Raphael B. Enriquez</p> <p>Mailing Address of Donor 718 1/2 S. Record Ave.</p> <p>City State Zip Los Angeles CA 90023</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1000000</p>
<p>D. Full Name of Donor Katherine Emst</p> <p>Mailing Address of Donor 4500 Viejo Road</p> <p>City State Zip Carmel CA 93923</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor John T. Falkowski</p> <p>Mailing Address of Donor 299 Barrys Road</p> <p>City State Zip White Haven PA 18661</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1000000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1300000</p>
<p>TOTAL This Period (last page has the number only)</p> <p>(carry total from last page to Line 9)</p>	<p>9502500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John T. Falkowski</p> <p>Mailing Address of Donor 299 Barrys Road</p> <p>City State Zip White Haven PA 18661</p>	<p>Date of Receipt 08/10/2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor John T. Falkowski</p> <p>Mailing Address of Donor 299 Barrys Road</p> <p>City State Zip White Haven PA 18661</p>	<p>Date of Receipt 08/22/2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor John T. Falkowski</p> <p>Mailing Address of Donor 299 Barrys Road</p> <p>City State Zip White Haven PA 18661</p>	<p>Date of Receipt 09/02/2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Tony Fano</p> <p>Mailing Address of Donor 5042 Fisher Island Drive</p> <p>City State Zip Fisher Island FL 33109</p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor peter fasssas</p> <p>Mailing Address of Donor 1565 n astor</p> <p>City State Zip chicago IL 60610</p>	<p>Date of Receipt 10/24/2004</p> <p>Amount 100000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>275000</p>
<p>TOTAL This Period (and page not the number only)</p> <p>(carry total from last page to Line 9)</p>	<p>9777500</p>

SCHEDULE B-A

Donation(s) Received

<p>A. Full Name of Donor David Fawcett</p> <p>Mailing Address of Donor 1175 W Baseline Rd</p> <p>City State Zip Claremont CA 91711</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Pamala Ferron</p> <p>Mailing Address of Donor 4725 Marlborough Way</p> <p>City State Zip Carmichael CA 95608</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Richard Ferry</p> <p>Mailing Address of Donor 7414 E. Mercer Way</p> <p>City State Zip Mercer Island WA 98040</p>	<p>Date of Receipt 10 02 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor William Ficking, Jr.</p> <p>Mailing Address of Donor PO Box 1976</p> <p>City State Zip Macon GA 31202</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor JAMES L. FINEFROCK</p> <p>Mailing Address of Donor PO BOX 4208</p> <p>City State Zip DAYTON OH 45401</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 500 00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 8)</p>	<p>10 137 500</p>

SCHEDULE B-A

Donation(s) Received

<p>A. 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 10 23 2004</p> <p>Amount 10000</p>
<p>B. Full Name of Donor Michael Freydkin</p> <p>Mailing Address of Donor 7268 Margerum Ave</p> <p>City State Zip San Diego CA 92120</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Michael Freydkin</p> <p>Mailing Address of Donor 7268 Margerum Ave</p> <p>City State Zip San Diego CA 92120</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Michael Freydkin</p> <p>Mailing Address of Donor 7268 Margerum Ave</p> <p>City State Zip San Diego CA 92120</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Thomas Froeschle</p> <p>Mailing Address of Donor 43 Valley Road</p> <p>City State Zip Southborough MA 01772</p>	<p>Date of Receipt 10 28 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>150000</p>
<p>TOTAL This Period (and page and line number only) (copy total from last page to Line 8)</p>	<p>10297500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Thomas Froeschle</p> <p>Mailing Address of Donor 43 Valley Road</p> <p>City State Zip Southborough MA 01772</p>	<p>Date of Receipt 08 27 2004</p> <p>Amount 2500.00</p>
<p>B. Full Name of Donor Thomas Froeschle</p> <p>Mailing Address of Donor 43 Valley Road</p> <p>City State Zip Southborough MA 01772</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 5000.00</p>
<p>C. Full Name of Donor richard fuisz</p> <p>Mailing Address of Donor 1127 langley lane</p> <p>City State Zip mclean VA 22101</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1000.00</p>
<p>D. Full Name of Donor Susanne Fullerton</p> <p>Mailing Address of Donor 2664 Promontory Pl E</p> <p>City State Zip Maplewood MN 55119</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1000.00</p>
<p>E. Full Name of Donor Richard Gable</p> <p>Mailing Address of Donor 4515 Willard Ave., Apt. 2318</p> <p>City State Zip Chevy Chase MD 20815</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1000.00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2850.00</p>
<p>TOTAL This Period (last page this box number only)</p> <p>(carry total from last page to LINE 9)</p>	<p>105825.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Lawrence Garatoni</p> <p>Mailing Address of Donor 315 W Jefferson Blvd</p> <p>City State Zip South Bend IN 46601</p>	<p>Date of Receipt 10/23/2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Michael Gardner</p> <p>Mailing Address of Donor 16067 State Route 12 East</p> <p>City State Zip Findlay OH 45840</p>	<p>Date of Receipt 10/25/2004</p> <p>Amount 250000</p>
<p>C. Full Name of Donor Philip Gardner</p> <p>Mailing Address of Donor 831 Fox Run Road #11</p> <p>City State Zip Findlay OH 45840</p>	<p>Date of Receipt 10/29/2004</p> <p>Amount 250000</p>
<p>D. Full Name of Donor kevin gaughan</p> <p>Mailing Address of Donor 3290 dartmouth</p> <p>City State Zip brookfield WI 53005</p>	<p>Date of Receipt 10/23/2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor kevin gaughan</p> <p>Mailing Address of Donor 3290 dartmouth drive</p> <p>City State Zip brookfield WI 53005</p>	<p>Date of Receipt 09/02/2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (top row) ▶</p>	<p>500000</p>
<p>TOTAL This Period (last page 555 line number only) (carry total from last page to Line 2)</p>	<p>11482500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor kevin gaughan</p> <p>Mailing Address of Donor 3290 dartmouth</p> <p>City State Zip brookfield WI 53005</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor norm gavin</p> <p>Mailing Address of Donor 173 church</p> <p>City State Zip wallingford CT 06492</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor norm gavin</p> <p>Mailing Address of Donor 173 church st.</p> <p>City State Zip wallingford CT 06492</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor norman gavin</p> <p>Mailing Address of Donor 173 church st</p> <p>City State Zip wallingford CT 06492</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor norman gavin</p> <p>Mailing Address of Donor 173 church st.</p> <p>City State Zip wallingford CT 06492</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Donations This Page (441014)..... ▶</p>	<p>2 450 00</p>
<p>TOTAL This Period (add page to five number only)..... ▶ (carry total from last page to Line 9)</p>	<p>1 142 75 00</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor norman w. gavin</p> <p>Mailing Address of Donor 173 church st.</p> <p>City State Zip wallingford CO 06492</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 10000</p>
<p>B. Full Name of Donor Susan Geisler</p> <p>Mailing Address of Donor 460 N. Wilke Rd. Apt. 204</p> <p>City State Zip Palatine IL 60074</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Susan Geisler</p> <p>Mailing Address of Donor 460 N. Wilke Rd. Apt. 204</p> <p>City State Zip Palatine IL 60074</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Susan Geisler</p> <p>Mailing Address of Donor 460 N. Wilke Rd. Apt. 204</p> <p>City State Zip Palatine IL 60074</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 10000</p>
<p>E. Full Name of Donor Susan Geisler</p> <p>Mailing Address of Donor 460 N. Wilke Rd. Apt. 204</p> <p>City State Zip Palatine IL 60074</p>	<p>Date of Receipt 08 09 2004</p> <p>Amount 10000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>80000</p>
<p>TOTAL This Period (last page line number only) (carry total from last page to Line 9)</p>	<p>11507500</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Susan Geisler <hr/> Mailing Address of Donor 460 N. Wilke Rd. Apt. 204 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Palatine</td> <td>IL</td> <td>60074</td> </tr> </table>	City	State	Zip	Palatine	IL	60074	Date of Receipt 08 / 29 / 2004 <hr/> Amount 1 0 0 0 0
City	State	Zip					
Palatine	IL	60074					
B. Full Name of Donor Susan Geisler <hr/> Mailing Address of Donor 460 N. Wilke Rd. Apt. 204 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Palatine</td> <td>IL</td> <td>60074</td> </tr> </table>	City	State	Zip	Palatine	IL	60074	Date of Receipt 08 / 29 / 2004 <hr/> Amount 1 0 0 0 0
City	State	Zip					
Palatine	IL	60074					
C. Full Name of Donor Susan Geisler <hr/> Mailing Address of Donor 460 N. Wilke Rd. Apt. 204 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Palatine</td> <td>IL</td> <td>60074</td> </tr> </table>	City	State	Zip	Palatine	IL	60074	Date of Receipt 08 / 29 / 2004 <hr/> Amount 1 0 0 0 0
City	State	Zip					
Palatine	IL	60074					
D. Full Name of Donor L. E. Gibens <hr/> Mailing Address of Donor 860 DeBeau <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Tupelo</td> <td>MS</td> <td>38804</td> </tr> </table>	City	State	Zip	Tupelo	MS	38804	Date of Receipt 08 / 29 / 2004 <hr/> Amount 5 0 0 0 0
City	State	Zip					
Tupelo	MS	38804					
E. Full Name of Donor Doyle Glass <hr/> Mailing Address of Donor 2008 Starmont Road <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Louisville</td> <td>KY</td> <td>40207</td> </tr> </table>	City	State	Zip	Louisville	KY	40207	Date of Receipt 10 / 29 / 2004 <hr/> Amount 5 0 0 0 0
City	State	Zip					
Louisville	KY	40207					
SUBTOTAL of Donations This Page (optional)	1 3 0 0 0						
TOTAL This Period (last page tax line number only) (carry loss from last page to Line 8)	1 1 6 3 7 5 0 0						

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Doyle Glass</p> <p>Mailing Address of Donor 2008 Starnont Road</p> <p>City State Zip Louisville KY 40207</p>	<p>Date of Receipt 10/23/2004</p> <p>Amount 2500.00</p>
<p>B. Full Name of Donor Charles Goforth</p> <p>Mailing Address of Donor 4215 oak knoll</p> <p>City State Zip Springfield MO 65809</p>	<p>Date of Receipt 10/25/2004</p> <p>Amount 1000.00</p>
<p>C. Full Name of Donor J. W. Gonid, II</p> <p>Mailing Address of Donor 7430 Baker Ave</p> <p>City State Zip Southport FL 32409</p>	<p>Date of Receipt 10/24/2004</p> <p>Amount 1000.00</p>
<p>D. Full Name of Donor CLAIRE GOOSEY</p> <p>Mailing Address of Donor 6545 Rutgers</p> <p>City State Zip Houston TX 77005</p>	<p>Date of Receipt 10/22/2004</p> <p>Amount 5000.00</p>
<p>E. Full Name of Donor John GOOSEY</p> <p>Mailing Address of Donor 6545 Rutgers</p> <p>City State Zip Houston TX 77005</p>	<p>Date of Receipt 10/26/2004</p> <p>Amount 1000.00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3750.00</p>
<p>TOTAL This Period (last page five line number only)</p> <p>(carry total from last page to line 9)</p>	<p>120125.00</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor John GOOSEY</p> <p>Mailing Address of Donor 6545 Rutgers</p> <p>City State Zip Houston TX 77005</p>	<p>Date of Receipt 10/14/2004</p> <p>Amount 25000</p>
<p>B. 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 10/25/2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor James Graves</p> <p>Mailing Address of Donor 3913 Cantenary</p> <p>City State Zip Dallas TX 75225</p>	<p>Date of Receipt 10/22/2004</p> <p>Amount 60000</p>
<p>D. Full Name of Donor Kathy Gremer</p> <p>Mailing Address of Donor 7563 Calle Granada</p> <p>City State Zip Anaheim CA 92808</p>	<p>Date of Receipt 10/22/2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Kathy Gremer</p> <p>Mailing Address of Donor 7563 Calle Granada</p> <p>City State Zip Anaheim CA 92808</p>	<p>Date of Receipt 09/20/2004</p> <p>Amount 25000</p>

<p>SUBTOTAL of Donations This Page (excludes):</p>	<p>150000</p>
<p>TOTAL This Period (last page this line number only): (carry over from last page to Line 9)</p>	<p>12162500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Kathy Gremer</p> <p>Mailing Address of Donor 7563 Calle Granada</p> <p>City State Zip Anaheim CA 92808</p>	<p>Date of Receipt 09 18 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Kathy Gremer</p> <p>Mailing Address of Donor 7563 Calle Granada</p> <p>City State Zip Anaheim CA 92808</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor steve griffin</p> <p>Mailing Address of Donor 4074 e driftwood dr</p> <p>City State Zip Meridian ID 83642</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor steve griffin</p> <p>Mailing Address of Donor 40740 e driftwood dr</p> <p>City State Zip meridian ID 83642</p>	<p>Date of Receipt 08 12 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor steve griffin</p> <p>Mailing Address of Donor 4074 e driftwood dr</p> <p>City State Zip meridian ID 83642</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>175000</p>
<p>TOTAL This Period (add page 99s line number only) (carry total from last page to Line 9)</p>	<p>12337500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Richard Guillot</p> <p>Mailing Address of Donor 71107 Highway 21, Ste#3</p> <p>City State Zip Covington LA 70433</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Thomas Gumprecht</p> <p>Mailing Address of Donor 7445 S.E. 71st St.</p> <p>City State Zip Mercer Island WA 98040</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1 1 5 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 2 4 5 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 08 10 2004</p> <p>Amount 10000</p>
<p>B. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 08 13 2004</p> <p>Amount 10000</p>
<p>C. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 08 13 2004</p> <p>Amount 5000</p>
<p>D. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 08 19 2004</p> <p>Amount 10000</p>
<p>E. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 08 28 2004</p> <p>Amount 5000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>40000</p>
<p>TOTAL This Period (see page 7's line number only)</p> <p>(carry total from last page to Line 8)</p>	<p>12492500</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 09 05 2004</p> <p>Amount 5000</p>
<p>B. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 09 22 2004</p> <p>Amount 5000</p>
<p>C. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 09 29 2004</p> <p>Amount 10900</p>
<p>D. Full Name of Donor William Hamilton</p> <p>Mailing Address of Donor PO Box 2001</p> <p>City State Zip Granby CO 80446</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 10000</p>
<p>E. Full Name of Donor Norman Hancock</p> <p>Mailing Address of Donor 2133 Red Leaf Court</p> <p>City State Zip Gambrills MD 21054</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 25000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>55000</p>
<p>TOTAL This Period (and page Yes line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>12547500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Lawrence Hansen</p> <p>Mailing Address of Donor 4593 Via Torino</p> <p>City State Zip Las Vegas NV 89103</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Lawrence Hansen</p> <p>Mailing Address of Donor 4593 Via Torino</p> <p>City State Zip Las Vegas NV 89103</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Lawrence Hansen</p> <p>Mailing Address of Donor 4593 Via Torino</p> <p>City State Zip Las Vegas NV 89103</p>	<p>Date of Receipt 09 10 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Lawrence Hansen</p> <p>Mailing Address of Donor 4593 Via Torino</p> <p>City State Zip Las Vegas NV 89103</p>	<p>Date of Receipt 10 31 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Steve Hargis</p> <p>Mailing Address of Donor PO Box 1407</p> <p>City State Zip Hereford TX 79045</p>	<p>Date of Receipt 10 26 2004</p> <p>Amount 100000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>200000</p>
<p>TOTAL This Period (next page for line number only)</p> <p>(carry total from last page to line 9)</p>	<p>12747500</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Bob Harris</p> <p>Mailing Address of Donor 3506 Twp. Rd. 34</p> <p>City State Zip Bluffton OH 45917</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor Joanne Hart</p> <p>Mailing Address of Donor 600 Columbus Avenue Apt 12J</p> <p>City State Zip New York NY 10024</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Edward Hatfield</p> <p>Mailing Address of Donor 4905 Burley Hills</p> <p>City State Zip Cincinnati OH 45243</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 500000</p>
<p>D. Full Name of Donor Douglas Hauge</p> <p>Mailing Address of Donor 7980 Fall Creek Rd #102</p> <p>City State Zip Dublin CA 94568</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 250000</p>
<p>E. Full Name of Donor Douglas Hauge</p> <p>Mailing Address of Donor 7980 Fall Creek Rd #102</p> <p>City State Zip Dublin CA 94568</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 250000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>210000</p>
<p>TOTAL This Period (next page has the number only)</p> <p>(copy total from last page to Line 9)</p>	<p>12957500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Douglas Hauge</p> <p>Mailing Address of Donor 7980 Fall Creek Rd #102</p> <p>City State Zip Dublin CA 94568</p>	<p>Date of Receipt 05/13/2024</p> <p>Amount 10000</p>
<p>B. Full Name of Donor Douglas Hauge</p> <p>Mailing Address of Donor 7980 Fall Creek Rd #102</p> <p>City State Zip Dublin CA 94568</p>	<p>Date of Receipt 08/21/2024</p> <p>Amount 50000</p>
<p>C. Full Name of Donor harold healy</p> <p>Mailing Address of Donor 2992 kitchum's close</p> <p>City State Zip williamsburg VA 23185</p>	<p>Date of Receipt 10/22/2024</p> <p>Amount 25000</p>
<p>D. Full Name of Donor harold healy</p> <p>Mailing Address of Donor 2992 kitchum's close</p> <p>City State Zip williamsburg VA 23185</p>	<p>Date of Receipt 10/25/2024</p> <p>Amount 25000</p>
<p>E. Full Name of Donor harold healy</p> <p>Mailing Address of Donor 2992 kitchum's close</p> <p>City State Zip williamsburg VA 23185</p>	<p>Date of Receipt 08/12/2024</p> <p>Amount 10000</p>
<p>SUBTOTAL of Donations This Page (upplies)</p>	<p>120000</p>
<p>TOTAL This Period (add page this line number only) (carry total from last page to Line D)</p>	<p>13077500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor harold healy</p> <p>Mailing Address of Donor 2992 kitchum's close</p> <p>City State Zip williamsburg VA 23185</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor harold healy</p> <p>Mailing Address of Donor 2992 kitchum's close</p> <p>City State Zip williamsburg VA 23185</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor harold healy</p> <p>Mailing Address of Donor 2992 kitchum's close</p> <p>City State Zip williamsburg VA 23185</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor john heaney</p> <p>Mailing Address of Donor 9 iefe court</p> <p>City State Zip haines city FL 33844</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 500 00</p>
<p>E. Full Name of Donor Andrew Hendricks</p> <p>Mailing Address of Donor 4390 Fayetteville Road</p> <p>City State Zip Lumberton NC 28358</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 4 000 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1 700 00</p>
<p>TOTAL This Period (first page this form number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1 324 750 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor dennis hennessy</p> <p>Mailing Address of Donor 9229 foster</p> <p>City State Zip overland park KS 66212</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Jim Henry</p> <p>Mailing Address of Donor 410 Woodgate Drive</p> <p>City State Zip Chapel Hill NC 27516</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Jim Henry</p> <p>Mailing Address of Donor 410 Woodgate Drive</p> <p>City State Zip Chapel Hill NC 27516</p>	<p>Date of Receipt 09 04 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Donald Herbert</p> <p>Mailing Address of Donor 555 Peters Avenue, Suite 200</p> <p>City State Zip Pleasanton CA 94566</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Donald Herbert</p> <p>Mailing Address of Donor 555 Peters Avenue, Suite 200</p> <p>City State Zip Pleasanton CA 94566</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Excesses This Page (optional)</p>	<p>3 000 00</p>
<p>TOTAL (For Federal Use Only) (see number only)</p> <p>(carry info from last page to Line 9)</p>	<p>1 354 750 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Donald Herbert</p> <p>Mailing Address of Donor 555 Peters Avenue, Suite 200</p> <p>City State Zip Pleasanton CA 94566</p>	<p>Date of Receipt 08 27 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Donald Herbert</p> <p>Mailing Address of Donor 555 Peters Avenue, Suite 200</p> <p>City State Zip Pleasanton CA 94566</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Tim Herlihy</p> <p>Mailing Address of Donor 188 Nod Road</p> <p>City State Zip Ridgefield CT 06877</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Tim Herlihy</p> <p>Mailing Address of Donor 188 Nod Road</p> <p>City State Zip Ridgefield CT 06877</p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Robert Herman</p> <p>Mailing Address of Donor 1363 Jack Pine Road</p> <p>City State Zip Healdsburg CA 95448</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 5 000 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 2 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 3 7 7 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Donald Herbert</p> <p>_____ Mailing Address of Donor</p> <p>555 Peters Avenue, Suite 200</p> <p>City State Zip Pleasanton CA 94566</p>	<p>Date of Receipt 06 27 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Donald Herbert</p> <p>_____ Mailing Address of Donor</p> <p>555 Peters Avenue, Suite 200</p> <p>City State Zip Pleasanton CA 94566</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Tim Hertly</p> <p>_____ Mailing Address of Donor</p> <p>188 Nod Road</p> <p>City State Zip Ridgefield CT 06877</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Tim Hertly</p> <p>_____ Mailing Address of Donor</p> <p>188 Nod Road</p> <p>City State Zip Ridgefield CT 06877</p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Robert Herman</p> <p>_____ Mailing Address of Donor</p> <p>1363 Jack Pine Road</p> <p>City State Zip Healdsburg CA 95448</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>225000</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 5)</p>	<p>13772500</p>

SCHEDULE 3-A
Donation(s) Received

<p>A. Full Name of Donor Robert Herman</p> <p>Mailing Address of Donor 1363 Jack Pine Road</p> <p>City State Zip Healdsburg CA 95448</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Ronald Heslop</p> <p>Mailing Address of Donor 13908 Eaton Dr.</p> <p>City State Zip Plymouth MI 48170</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Ronald Heslop</p> <p>Mailing Address of Donor 13908 Eaton Dr.</p> <p>City State Zip Plymouth MI 48170</p>	<p>Date of Receipt 08 05 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Melissa Hightower</p> <p>Mailing Address of Donor PO Box 1000</p> <p>City State Zip Salida CO 81201</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Melissa Hightower</p> <p>Mailing Address of Donor PO Box 1000</p> <p>City State Zip Salida CO 81201</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 25000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>200000</p>
<p>TOTAL This Period (last page for line number only)</p> <p>(carry total from last page to Line 3)</p>	<p>13972500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Melissa Hightower</p> <p>Mailing Address of Donor PO Box 1000</p> <p>City State Zip Saida CO 81201</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Melissa Hightower</p> <p>Mailing Address of Donor PO Box 1000</p> <p>City State Zip Saida CO 81201</p>	<p>Date of Receipt 10 01 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor Hilberg</p> <p>Mailing Address of Donor 5B Shore Dr</p> <p>City State Zip Laconia NH 03246</p>	<p>Date of Receipt 10 29 2004</p> <p>Amount 1 500 00 00</p>
<p>D. Full Name of Donor Jeffrey Hill</p> <p>Mailing Address of Donor 104 Reagan Ct</p> <p>City State Zip Ventura CA 93003</p>	<p>Date of Receipt 10 26 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Roy H Hinman</p> <p>Mailing Address of Donor 1099 A1A S.</p> <p>City State Zip St. Augustine FL 32080</p>	<p>Date of Receipt 10 26 2004</p> <p>Amount 5 000 00</p>
<p>SUBTOTAL of Candidates This Page (optional)</p>	<p>1 6 5 0 0 0 0</p>
<p>TOTAL The Fund (last page this line number only) (carry total from last page to Line 8)</p>	<p>1 5 6 2 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Rodney Hite</p> <p>Mailing Address of Donor 22358 Claibourne Lane</p> <p>City State Zip Saugus CA 91350</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Craig S. Hobbs</p> <p>Mailing Address of Donor P.O. Box 10902</p> <p>City State Zip Bainbridge Island WA 98110</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor Richard B. Hobrecht</p> <p>Mailing Address of Donor 3224 Timberview</p> <p>City State Zip Dallas TX 75229</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>D. Full Name of Donor Richard B. Hobrecht</p> <p>Mailing Address of Donor 3224 Timberview</p> <p>City State Zip Dallas TX 75229</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor Robert Hoehn</p> <p>Mailing Address of Donor 11436 High Drive</p> <p>City State Zip Leawood KS 66211</p>	<p>Date of Receipt 10 25 2004</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 (last page this line number only)</p> <p>(carry total from last page to this line)</p>	<p>1 6 1 7 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Paul Hohle</p> <p>Mailing Address of Donor 1002 Windmill Road</p> <p>City State Zip Dripping Springs TX 78620</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Paul Hohle</p> <p>Mailing Address of Donor 1002 Windmill Road</p> <p>City State Zip Dripping Springs TX 78620</p>	<p>Date of Receipt 10 31 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor John Holmgren</p> <p>Mailing Address of Donor Box 2888</p> <p>City State Zip Corpus Christi TX 78403</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor John Holmgren</p> <p>Mailing Address of Donor Box 2888</p> <p>City State Zip Corpus Christi TX 78403</p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Irma Howard</p> <p>Mailing Address of Donor 7230 Acacia Dr.</p> <p>City State Zip Leander TX 78641</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>250000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>16422500</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Irma Howard</p> <p>Mailing Address of Donor 7230 Acacia Dr</p> <p>City State Zip Leander TX 78641</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor john huarte</p> <p>Mailing Address of Donor 8829 s. priest</p> <p>City State Zip tempe AZ 85284</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Kathleen HUFF</p> <p>Mailing Address of Donor 19108 HARMONY CHURCH RD</p> <p>City State Zip LEESBURG VA 20175</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Kathleen Huff</p> <p>Mailing Address of Donor 19108 Harmony Church Rd</p> <p>City State Zip Leesburg VA 20175</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Kathleen Huff</p> <p>Mailing Address of Donor 19108 HARMONY CHURCH RD</p> <p>City State Zip LEESBURG VA 20175</p>	<p>Date of Receipt 10 07 2004</p> <p>Amount 25000</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 B)</p>	<p>200000</p> <p>16622500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Dan Hughes</p> <p>Mailing Address of Donor 3132 S. Highland Dr.</p> <p>City State Zip Las Vegas NV 89109</p>	<p>Date of Receipt 10/23/2004</p> <p>Amount 2500.00</p>
<p>B. Full Name of Donor Dan Hughes</p> <p>Mailing Address of Donor 3132 S. Highland Dr.</p> <p>City State Zip Las Vegas NV 89109</p>	<p>Date of Receipt 10/28/2004</p> <p>Amount 5000.00</p>
<p>C. Full Name of Donor Dan Hughes</p> <p>Mailing Address of Donor 3132 S. Highland Dr.</p> <p>City State Zip Las Vegas NV 89109</p>	<p>Date of Receipt 10/28/2004</p> <p>Amount 2500.00</p>
<p>D. Full Name of Donor Michael Hughes</p> <p>Mailing Address of Donor 1082 Governor Bridge RD</p> <p>City State Zip Davidsonville MD 21035</p>	<p>Date of Receipt 10/28/2004</p> <p>Amount 5000.00</p>
<p>E. Full Name of Donor Bill Hunnicutt</p> <p>Mailing Address of Donor 110 e. 59th st., 32 fl</p> <p>City State Zip new york NY 10022</p>	<p>Date of Receipt 10/22/2004</p> <p>Amount 2500.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (and page this line number only)</p> <p>(carry total from last page to line 9)</p>	<p>17500.00</p> <p>167975.00</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor PAUL ISAAC</p> <p>Mailing Address of Donor 75 PROSPECT AVENUE</p> <p>City State Zip LARCHMONT NY 10538</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor Ann Iverson</p> <p>Mailing Address of Donor 2902 West Lane Drive, Unit E</p> <p>City State Zip Houston TX 77027</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>C. Full Name of Donor Susan Jackson</p> <p>Mailing Address of Donor 13331 Buckland Hall Rd</p> <p>City State Zip St. Louis MO 63131</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor Don Jacobson</p> <p>Mailing Address of Donor 115 Farm Road</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor James Jennings</p> <p>Mailing Address of Donor 2701 Westgate Street</p> <p>City State Zip Houston TX 77098</p>	<p>Date of Receipt 10 29 2004</p> <p>Amount 5 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 2 5 0 0 0</p>
<p>TOTAL This Person (add page this line number only)</p> <p>(carry over from last page to line 6)</p>	<p>1 7 1 2 2 5 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor James Jennings</p> <p>Mailing Address of Donor 2701 Westgate Street</p> <p>City State Zip Houston TX 77098</p>	<p>Date of Receipt 10 5 2 2004</p> <p>Amount 2500</p>
<p>B. Full Name of Donor James Jennings</p> <p>Mailing Address of Donor 2701 Westgate Street</p> <p>City State Zip Houston TX 77098</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 5000</p>
<p>C. Full Name of Donor T. Jennigan</p> <p>Mailing Address of Donor 2000 Morris Ave, Ste 1500</p> <p>City State Zip Birmingham AL 35203</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 10000</p>
<p>D. Full Name of Donor Ben Johnson</p> <p>Mailing Address of Donor PO Box 632</p> <p>City State Zip Mansfield LA 71052</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 10000</p>
<p>E. Full Name of Donor Christopher Johnson</p> <p>Mailing Address of Donor 834 5th Avenue</p> <p>City State Zip New York NY 10021</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 25000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>502500</p>
<p>TOTAL This Period (last page this line number only) (copy total from last page to Line 9)</p>	<p>17625000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Thomas H. Johnson</p> <p>Mailing Address of Donor P.O. Box 421549</p> <p>City Atlanta State GA Zip 30342</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>B. Full Name of Donor Thomas H. Johnson</p> <p>Mailing Address of Donor P.O. Box 421549</p> <p>City Atlanta State GA Zip 30342</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>C. Full Name of Donor JIMMY JONES</p> <p>Mailing Address of Donor 4406 FLEXER DR.</p> <p>City HERNANDO BEACH State FL Zip 34607</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>D. Full Name of Donor dan jorndt</p> <p>Mailing Address of Donor 1038 Cayuga</p> <p>City Northbrook State IL Zip 60062</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor David Kahn</p> <p>Mailing Address of Donor 503 N. Las Paimas Ave.</p> <p>City Loa Angeles State CA Zip 90004</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 5 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>4 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 0 8 5 0 0 0</p>

SCHEDULE B-A

Donation(s) Received

<p>A. Full Name of Donor David Kahn</p> <p>Mailing Address of Donor 503 N. Las Palmas Ave.</p> <p>City State Zip Los Angeles CA 90004</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Mitsuru Kaneshige</p> <p>Mailing Address of Donor PO Box 3825</p> <p>City State Zip Honolulu HI 96812</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Mark Kendrat</p> <p>Mailing Address of Donor 835 Crest Dr</p> <p>City State Zip Cary IL 60013</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor Von Kimball</p> <p>Mailing Address of Donor 62 S Lake Shore Dr</p> <p>City State Zip Ransom Canyon TX 79366</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Deborah King</p> <p>Mailing Address of Donor 416 Sand Hill Circle</p> <p>City State Zip Menlo Park CA 94025</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>4 000 00</p>
<p>TOTAL This Period (last page has the number only)</p> <p>(carry total from last page to Line 9)</p>	<p>1 848 50 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Deborah King</p> <p>Mailing Address of Donor 416 Sand Hill Circle</p> <p>City State Zip Menlo Park CA 94025</p>	<p>Date of Receipt 08 17 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor William King</p> <p>Mailing Address of Donor 6260 Cherokee Way</p> <p>City State Zip Suwanee GA 30024</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Herbert Klitzner</p> <p>Mailing Address of Donor 443 Dunlin Plaza</p> <p>City State Zip Secaucus NJ 07094</p>	<p>Date of Receipt 04 02 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Herbert klitzner</p> <p>Mailing Address of Donor 443 Dunlin Plaza</p> <p>City State Zip Secaucus NJ 07094</p>	<p>Date of Receipt 02 12 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Aki Korhonen</p> <p>Mailing Address of Donor 765 Summer Star Pl</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (see Form 990)</p>	<p>3 000 00</p>
<p>TOTAL This Period (last page line number only) <small>(entry total from last page to line 9)</small></p>	<p>1 075 500 00</p>

SCHEDULE 3-A
Donation(s) Received

<p>A. Full Name of Donor Steve Kreitzberg</p> <p>Mailing Address of Donor 6360 SW Merlin Court</p> <p>City State Zip Portland OR 97219</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor Steve Kreitzberg</p> <p>Mailing Address of Donor 6360 SW Merlin Court</p> <p>City State Zip Portland OR 97219</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 50000</p>
<p>C. 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 10 25 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Joy Kuchta</p> <p>Mailing Address of Donor 6 Hussars Camp Place</p> <p>City State Zip Ridgefield CT 06877</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Joy Kuchta</p> <p>Mailing Address of Donor 6 Hussars Camp Place</p> <p>City State Zip Ridgefield CT 06877</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 25000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>250000</p>
<p>TOTAL This Period (last page this box number only) (carry over from last page to line 9)</p>	<p>1903500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Joy Kuchta</p> <p>Mailing Address of Donor 6 Hussars Camp Place</p> <p>City State Zip Ridgefield CT 06877</p>	<p>Date of Receipt 10 23 2024</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Joy Kuchta</p> <p>Mailing Address of Donor 6 Hussars Camp Place</p> <p>City State Zip Ridgefield CT 06877</p>	<p>Date of Receipt 10 08 2024</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor Joy Kuchta</p> <p>Mailing Address of Donor 6 Hussars Camp Place</p> <p>City State Zip Ridgefield CT 06877</p>	<p>Date of Receipt 10 05 2024</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor Robert Kugel</p> <p>Mailing Address of Donor 143 Woodcrest Dr.</p> <p>City State Zip Chehalis WA 98532</p>	<p>Date of Receipt 10 25 2024</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor PETER LAPRADE</p> <p>Mailing Address of Donor 18233 N. 53rd Street</p> <p>City State Zip Scottsdale AZ 85254</p>	<p>Date of Receipt 10 25 2024</p> <p>Amount 5 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 250 00</p>
<p>TOTAL THIS Period (see page this line number only)</p> <p>(carry total from final page to Line 9)</p>	<p>1 926 000 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Peter LAPRADE</p> <p>Mailing Address of Donor 18233 N. 53rd Street</p> <p>City State Zip Scottsdale AZ 85254</p>	<p>Date of Receipt 08 / 19 / 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor John Larimer</p> <p>Mailing Address of Donor 575 Cortez Court</p> <p>City State Zip Yuba City CA 95993</p>	<p>Date of Receipt 10 / 25 / 2004</p> <p>Amount 1 600 00</p>
<p>C. Full Name of Donor John Larimer</p> <p>Mailing Address of Donor 575 Cortez Court</p> <p>City State Zip Yuba City CA 95993</p>	<p>Date of Receipt 08 / 19 / 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor John Larimer</p> <p>Mailing Address of Donor 575 Cortez Court</p> <p>City State Zip Yuba City CA 95993</p>	<p>Date of Receipt 06 / 22 / 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor John Larimer</p> <p>Mailing Address of Donor 575 Cortez Court</p> <p>City State Zip Yuba City CA 95993</p>	<p>Date of Receipt 09 / 03 / 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>9 000 00</p>
<p>TOTAL This Page (last page has line number only)</p> <p>(carry over from last page to Line 9)</p>	<p>19 350 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John Larimer</p> <p>Mailing Address of Donor 575 Cortez Court</p> <p>City State Zip Yuba City CA 95993</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor John Larimer</p> <p>Mailing Address of Donor 575 Cortez Court</p> <p>City State Zip Yuba City CA 95993</p>	<p>Date of Receipt 09 14 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor John Larimer</p> <p>Mailing Address of Donor 575 Cortez Court</p> <p>City State Zip Yuba City CA 95993</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor Stallworth Larson</p> <p>Mailing Address of Donor Corporate Growth Services, 50 Charles Li</p> <p>City State Zip Uniondale NY 11553</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Stallworth Larson</p> <p>Mailing Address of Donor Corporate Growth Services, 50 Charles Li</p> <p>City State Zip Uniondale NY 11553</p>	<p>Date of Receipt 10 26 19 2004</p> <p>Amount 5 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1 600 00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>1 951 00 00</p>

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 10 25 2004</p> <p>Amount 50000</p>
<p>B. 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 10 25 2004</p> <p>Amount 10000</p>
<p>C. 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 10 23 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Ralph Lisle</p> <p>Mailing Address of Donor 3960 Adams St</p> <p>City State Zip Carlsbad CA 92008</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor William Long</p> <p>Mailing Address of Donor P.O. Box 522</p> <p>City State Zip Glenbrook NV 89413</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>210000</p>
<p>TOTAL This Period (add page like line number only) (carry total from last page to Line 9)</p>	<p>19720000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William Long</p> <p>Mailing Address of Donor P.O. Box 522</p> <p>City State Zip Glenbrook NV 89413</p>	<p>Date of Receipt 09 10 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Jerry Loveless</p> <p>Mailing Address of Donor 9811 West Charleston #2-422</p> <p>City State Zip Las Vegas NV 89117</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 10000</p>
<p>C. Full Name of Donor Geoffrey Lubsen</p> <p>Mailing Address of Donor 153 Klinesville Rd.</p> <p>City State Zip Flemington NJ 08822</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor David Lynch</p> <p>Mailing Address of Donor 2756 N. Green Valley Pkwy #836</p> <p>City State Zip Henderson NV 89014</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor David Lynch</p> <p>Mailing Address of Donor 2756 N. Green Valley Pkwy #836</p> <p>City State Zip Henderson NV 89014</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>185000</p>
<p>TOTAL This Period (last page five digit number only) (carry total from last page to Line 9)</p>	<p>19905000</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor James MacDonnell</p> <p>Mailing Address of Donor P.O. Box 984</p> <p>City State Zip Fort Walton Beach FL 32549</p>	<p>Date of Receipt 10 26 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor James MacDonnell</p> <p>Mailing Address of Donor P.O. Box 307</p> <p>City State Zip Fort Walton Beach FL 32549</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor L. James Mahoney</p> <p>Mailing Address of Donor 11918 Heritage Lane</p> <p>City State Zip Houston TX 77024</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor L. James Mahoney</p> <p>Mailing Address of Donor 11918 Heritage Lane</p> <p>City State Zip Houston TX 77024</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Walter Malinowski</p> <p>Mailing Address of Donor 8903 chequers way</p> <p>City State Zip McLean VA 22102</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 100 00</p>
<p>TOTAL The Form (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>2 011 50 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Kenneth Marcus</p> <p>Mailing Address of Donor 12494 Palos Tierra Road</p> <p>City State Zip Valley Center CA 92082</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Doug Marlitt</p> <p>Mailing Address of Donor 12845 Quail Hill Ct</p> <p>City State Zip San Martin CA 95046</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Doug Marlitt</p> <p>Mailing Address of Donor 12845 Quail Hill Ct</p> <p>City State Zip San Martin CA 95046</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>D. 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 10 25 2004</p> <p>Amount 500000</p>
<p>E. Full Name of Donor Jeff Matthews</p> <p>Mailing Address of Donor 230 Penfield Road</p> <p>City State Zip Fairfield CT 06824</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 100000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>750000</p>
<p>TOTAL This Form (last page has line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>20865000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Jonathan Mayhew</p> <p>Mailing Address of Donor 21 Holly Lane</p> <p>City State Zip Darien CT 06820</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor paul mccarthy</p> <p>Mailing Address of Donor 6316 S. Western</p> <p>City State Zip chicago IL 60636</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor David McIntyre</p> <p>Mailing Address of Donor 30692 Calle de Suenos</p> <p>City State Zip Rancho Palos Verdes CA 90275</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor David McIntyre</p> <p>Mailing Address of Donor 30692 Calle de Suenos</p> <p>City State Zip Rancho Palos Verdes CA 90275</p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Randolph McManus</p> <p>Mailing Address of Donor 2021 Q St, N.W.</p> <p>City State Zip Washington DC 20009</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>250000</p>
<p>TOTAL This Form (last page for line number only) (carry total from last page to Line 3)</p>	<p>21415000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Randall Mercer</p> <p>Mailing Address of Donor 296A Thompson Mill Rd</p> <p>City State Zip New Hope PA 18938</p>	<p>Date of Receipt 10/29/2004</p> <p>Amount 5000.00</p>
<p>B. 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 10/23/2004</p> <p>Amount 1000.00</p>
<p>C. Full Name of Donor Magdy Mikhail</p> <p>Mailing Address of Donor 78 Hampton Oval</p> <p>City State Zip New Rochelle NY 10805</p>	<p>Date of Receipt 10/20/2004</p> <p>Amount 5000.00</p>
<p>D. Full Name of Donor H. Dewitt Mitchell</p> <p>Mailing Address of Donor 3034 The Oaks</p> <p>City State Zip Destin FL 32560</p>	<p>Date of Receipt 10/22/2004</p> <p>Amount 5000.00</p>
<p>E. Full Name of Donor Joseph Mitchell</p> <p>Mailing Address of Donor RD#1</p> <p>City State Zip Brookville PA 15825</p>	<p>Date of Receipt 10/24/2004</p> <p>Amount 5000.00</p>

<p>SUBTOTAL of Donations This Page (extend)</p>	<p>7500.00</p>
<p>TOTAL This Period (see page 9a line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>218650.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Joseph Mitchell</p> <p>Mailing Address of Donor RD#1</p> <p>City State Zip Brookville PA 15825</p>	<p>Date of Receipt 08 01 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Joseph Mitchell</p> <p>Mailing Address of Donor RD#1</p> <p>City State Zip Brookville PA 15825</p>	<p>Date of Receipt 10 17 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor William Mora</p> <p>Mailing Address of Donor 1612 Billy Casper Dr.</p> <p>City State Zip El Paso TX 79936</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1 000 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 10 22 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor swift mothershead</p> <p>Mailing Address of Donor p.o. box 30036</p> <p>City State Zip charlotte NC 28230</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 000 00</p>
<p>TOTAL This Period (last page this line includes only)</p> <p>(carry total from last page to line 9)</p>	<p>2 216 50 00</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Richard Mouser</p> <p>Mailing Address of Donor 488 County Road 423</p> <p>City State Zip Uvaide TX 78801</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor stanley mrose</p> <p>Mailing Address of Donor 3 stonewall circle</p> <p>City State Zip west harrison NY 10604</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Fred Muhs</p> <p>Mailing Address of Donor PO Box 8</p> <p>City State Zip Edgewater NJ 07020</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor John Musil</p> <p>Mailing Address of Donor 521 E. Moneta Ave.</p> <p>City State Zip Peoria Heights IL 61616</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor John Musil</p> <p>Mailing Address of Donor 521 E. Moneta Ave.</p> <p>City State Zip Peoria Hts. IL 61616</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>6 350 00</p>
<p>TOTAL This Period (last page this line number 016) (copy total from last page to line 5)</p>	<p>2 280 000 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John Musil</p> <p>Mailing Address of Donor 521 E. Moneta Ave.</p> <p>City State Zip Peoria Heights IL 61616</p>	<p>Date of Receipt 10/15/2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor John A. Musil</p> <p>Mailing Address of Donor 521 E Moneta Ave</p> <p>City State Zip Peoria IL 61616</p>	<p>Date of Receipt 10/25/2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor ponnuswamy natarajan</p> <p>Mailing Address of Donor 7321 midnightpass road</p> <p>City State Zip sarasota FL 34242</p>	<p>Date of Receipt 10/29/2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor ponnuswamy natarajan</p> <p>Mailing Address of Donor 7321 midnightpass road</p> <p>City State Zip sarasota FL 34242</p>	<p>Date of Receipt 10/12/2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Edward negley</p> <p>Mailing Address of Donor box 787</p> <p>City State Zip normandy beach NJ 08739</p>	<p>Date of Receipt 10/25/2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>350000</p>
<p>TOTAL This Period (omit page two line number only) <small>(carry total from last page to Line 9)</small></p>	<p>23150000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert Neil</p> <p>Mailing Address of Donor 3550 El Centro Street</p> <p>City State Zip St Pete Beach FL 33706</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 10000</p>
<p>B. Full Name of Donor John Nelson</p> <p>Mailing Address of Donor 1205 Johnson Street</p> <p>City State Zip Menlo Park CA 94025</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 250000</p>
<p>C. Full Name of Donor Thomas nelson</p> <p>Mailing Address of Donor 6100 old lagrange rd.</p> <p>City State Zip crestwood KY 40014</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 500000</p>
<p>D. Full Name of Donor Jack O'Neel</p> <p>Mailing Address of Donor PO Box 2307</p> <p>City State Zip Borrego Springs CA 92004</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor William F Odom Jr</p> <p>Mailing Address of Donor 229 Deerwood Drive</p> <p>City State Zip Huddleston VA 24104</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 250000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>435000</p>
<p>TOTAL This Period (last page line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>23585000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William F Odom Jr</p> <p>Mailing Address of Donor 229 Deerwood Drive</p> <p>City State Zip Huddleston VA 24104</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor James Oliver</p> <p>Mailing Address of Donor 6327 Caminito dei Cervato</p> <p>City State Zip San Diego CA 92111</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor James Oliver</p> <p>Mailing Address of Donor 6327 Caminito dei Cervato</p> <p>City State Zip San Diego CA 92111</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor James Oliver</p> <p>Mailing Address of Donor 6327 Caminito dei Cervato</p> <p>City State Zip San Diego CA 92111</p>	<p>Date of Receipt 10 31 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Doris Orr</p> <p>Mailing Address of Donor 13911 SE 47th Street</p> <p>City State Zip Bellevue WA 98006</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 2 5 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>2 3 8 1 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor George Parker</p> <p>Mailing Address of Donor 221 Chesley Lane</p> <p>City: Chapel Hill State: NC Zip: 27514</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor Jackie Payne</p> <p>Mailing Address of Donor 220 Sukoshi Dr.</p> <p>City: Panama City State: FL Zip: 32404</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Jackie Payne</p> <p>Mailing Address of Donor 220 Sukoshi Dr.</p> <p>City: Panama City State: FL Zip: 32404</p>	<p>Date of Receipt 08 11 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor mary percy</p> <p>Mailing Address of Donor 3146 Thomas Avenue</p> <p>City: Montgomery State: AL Zip: 36106</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor April Perry</p> <p>Mailing Address of Donor 2205 Pembroke Place</p> <p>City: Denton State: TX Zip: 76205</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>250000</p>
<p>TOTAL This Period (last page and the number 99) (carry total from last page to Line 9)</p>	<p>24070000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. 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 10 22 2004</p> <p>Amount 500000</p>
<p>B. Full Name of Donor Wayne M. Perry</p> <p>Mailing Address of Donor P.O. Box 645 (611 Evergreen Pt. Rd.)</p> <p>City State Zip Medina WA 98039</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 500000</p>
<p>C. Full Name of Donor Priscilla Petty</p> <p>Mailing Address of Donor 229 Oliver Road</p> <p>City State Zip Cincinnati OH 45215</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 500000</p>
<p>D. Full Name of Donor William Petty</p> <p>Mailing Address of Donor 6717 NW 48th lane</p> <p>City State Zip Gainesville DC 32653</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 100000</p>
<p>E. 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 10 25 2004</p> <p>Amount 500000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>5700000</p>
<p>TOTAL This Period (see page 215 line number only) (carry total from last page to Line 2)</p>	<p>29770000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. 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 10 25 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Thomas Phillips</p> <p>Mailing Address of Donor 626 Chain Bridge Rd</p> <p>City State Zip Mclean VA 22101</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 500000</p>
<p>C. Full Name of Donor Wayne Pickard</p> <p>Mailing Address of Donor 2602 John Moore Rd</p> <p>City State Zip Brandon FL 33511</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor martin pierce</p> <p>Mailing Address of Donor 2341 suntuosa ct</p> <p>City State Zip farmington NM 87401</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 25000</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 10 25 2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>675000</p>
<p>TOTAL This Period (last page and use number only)</p> <p>(carry total from last page to Line 9f)</p>	<p>30445000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Jan Pilar</p> <p>Mailing Address of Donor 3825 Bluffview Dr.</p> <p>City State Zip Marietta GA 30062</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor William Plummer</p> <p>Mailing Address of Donor 300 S Wacker Drive</p> <p>City State Zip chicago IL 60606</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>C. Full Name of Donor William Plummer</p> <p>Mailing Address of Donor 300 S Wacker Dr</p> <p>City State Zip Chicago IL 60606</p>	<p>Date of Receipt 10 28 2004</p> <p>Amount 5 0 0 0 0 0</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 10 29 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor Roger Polly</p> <p>Mailing Address of Donor p o box 5781</p> <p>City State Zip kingsville TX 78364</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations (This Page total)</p>	<p>4 0 0 0 0 0</p>
<p>TOTAL This Period (see page six and number only) (carry total from last page to Line 9)</p>	<p>3 0 8 4 5 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor James Pope, Jr.</p> <p>Mailing Address of Donor 114 N. Holcomb Rd.</p> <p>City State Zip Clarkston MI 48346</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor James Pope, Jr.</p> <p>Mailing Address of Donor 114 N. Holcomb Rd.</p> <p>City State Zip Clarkston MI 48346</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 5 0 0 0</p>
<p>C. Full Name of Donor James Pope, Jr.</p> <p>Mailing Address of Donor 114 N. Holcomb Rd.</p> <p>City State Zip Clarkston MI 48346</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 5 0 0 0</p>
<p>D. Full Name of Donor James Pope, Jr.</p> <p>Mailing Address of Donor 114 N. Holcomb Rd.</p> <p>City State Zip Clarkston MI 48346</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>E. Full Name of Donor James Pope, Jr.</p> <p>Mailing Address of Donor 114 N. Holcomb Rd.</p> <p>City State Zip Clarkston MI 48346</p>	<p>Date of Receipt 09 16 2004</p> <p>Amount 1 0 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1 3 0 0 0 0</p>
<p>TOTAL This Period (last page for the number only)</p> <p>(carry total from last page to Line 5)</p>	<p>3 0 9 7 5 0 0 0</p>

SCHEDULE 3-A
Donation(s) Received

<p>A. Full Name of Donor James Pope, Jr.</p> <p>Mailing Address of Donor 114 N. Holcomb Rd.</p> <p>City State Zip Clarkston MI 48346</p>	<p>Date of Receipt 09 21 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor James Pope, Jr.</p> <p>Mailing Address of Donor 114 N. Holcomb Rd.</p> <p>City State Zip Clarkston MI 48346</p>	<p>Date of Receipt 09 01 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor Stephanie Prince</p> <p>Mailing Address of Donor 5430 Vanaiden Avenue</p> <p>City State Zip Tarzana CA 91356</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor Barry Putegnat</p> <p>Mailing Address of Donor 44 W Jefferson St, Ste 1</p> <p>City State Zip Brownsville TX 78520</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 000 00</p>
<p>E. 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 10 23 2004</p> <p>Amount 1 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>3 600 00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>3 133 50 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert Reeder</p> <p>Mailing Address of Donor 5625 Red Valley Road</p> <p>City State Zip Ione CA 95640</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Robert Reeder</p> <p>Mailing Address of Donor 5625 Red Valley Road</p> <p>City State Zip Ione CA 95640</p>	<p>Date of Receipt 08 29 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Robert Reeder</p> <p>Mailing Address of Donor 5625 Red Valley Road</p> <p>City State Zip Ione CA 95640</p>	<p>Date of Receipt 08 06 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor thomas reifenheiser</p> <p>Mailing Address of Donor 9 watch tower rd.</p> <p>City State Zip darien CT 06820</p>	<p>Date of Receipt 08 26 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor thomas reifenheiser</p> <p>Mailing Address of Donor 9 watch tower rd.</p> <p>City State Zip darien CT 06820</p>	<p>Date of Receipt 08 07 2004</p> <p>Amount 2 500 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1 7 5 0 0 0</p>
<p>TOTAL This Period (see page two line number only)</p> <p>(copy total from last page to line 9)</p>	<p>3 1 5 1 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

thomas reifenheiser

Mailing Address of Donor

9 watchtower rd.

City

darien

State

CT

Zip

06820

Date of Receipt

08 21 2004

Amount

2 5 0 0 0

B. Full Name of Donor

thomas reifenheiser

Mailing Address of Donor

9 watch tower rd.

City

darien

State

CT

Zip

06820

Date of Receipt

08 05 2004

Amount

2 5 0 0 0

C. Full Name of Donor

thomas reifenheiser

Mailing Address of Donor

9 watch tower rd.

City

darien

State

CT

Zip

06820

Date of Receipt

08 20 2004

Amount

2 5 0 0 0

D. Full Name of Donor

Edward Reilly

Mailing Address of Donor

5 Old Field Place

City

Rowayton

State

CT

Zip

06853

Date of Receipt

10 22 2004

Amount

2 5 0 0 0

E. Full Name of Donor

Edward Reilly

Mailing Address of Donor

5 Old Field Place

City

Rowayton

State

CT

Zip

06853

Date of Receipt

08 11 2004

Amount

5 0 0 0 0

SUBTOTAL of Donations This Page (optional)

1 0 5 0 0 0

TOTAL This Period (ask page this line number DPM)
(carry over from last page to Line 9)

3 1 6 1 5 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Edward Reilly</p> <p>Mailing Address of Donor 5 Old Field Place</p> <p>City State Zip Rowayton CT 06853</p>	<p>Date of Receipt 09 04 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Edward Reilly</p> <p>Mailing Address of Donor 5 Old Field Place</p> <p>City State Zip Norwalk CT 06853</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Edward Reilly</p> <p>Mailing Address of Donor 5 Old Field Place</p> <p>City State Zip Rowayton CT 06853</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor David Richardson</p> <p>Mailing Address of Donor PO Box 1629</p> <p>City State Zip Julian CA 92036</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 250000</p>
<p>E. Full Name of Donor Clayton Roberts</p> <p>Mailing Address of Donor 6226 Mirrosa Lane</p> <p>City State Zip Dallas TX 75230</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>425000</p>
<p>TOTAL This Period (add page this and number only)</p> <p>(carry total from last page to Line 9)</p>	<p>32040000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Richard Roberts</p> <p>Mailing Address of Donor 120 Arbutus Dr.</p> <p>City State Zip Lakewood NJ 08701</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor Richard Roberts</p> <p>Mailing Address of Donor 120 Arbutus Dr.</p> <p>City State Zip Lakewood NJ 08701</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor A. James Roberts III</p> <p>Mailing Address of Donor 2520 Sunny Slopes Dr.</p> <p>City State Zip Park City UT 84060</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Thomas Rosencrans</p> <p>Mailing Address of Donor 7920 Landowne Drive</p> <p>City State Zip Atlanta GA 30350</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Margaret Salisbury</p> <p>Mailing Address of Donor 3012 W 67th Terrace</p> <p>City State Zip Mission Hills KS 66208</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (printed)</p>	<p>300000</p>
<p>TOTAL This Period (see page for line number only) (copy total from last page to Line 5)</p>	<p>3234000</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor William Sandalls <hr/> Mailing Address of Donor 445 Broadway, Apt. 2P <hr/> City: Hastings on Hudson State: NY Zip: 10706	Date of Receipt 10 / 23 / 2004 <hr/> Amount 5 00 00
B. Full Name of Donor Michael sandorffy <hr/> Mailing Address of Donor 520 Pike Street <hr/> City: SEATTLE State: WA Zip: 98101	Date of Receipt 10 / 22 / 2004 <hr/> Amount 2 50 00
C. Full Name of Donor Michael sandorffy <hr/> Mailing Address of Donor 520 Pike Street <hr/> City: SEATTLE State: WA Zip: 98101	Date of Receipt 10 / 25 / 2004 <hr/> Amount 1 00 00
D. Full Name of Donor Mark A. Sass <hr/> Mailing Address of Donor 1375 Ford Street # 720 <hr/> City: Maumee State: OH Zip: 43537	Date of Receipt 10 / 25 / 2004 <hr/> Amount 2 50 00
E. Full Name of Donor Mark A. Sass <hr/> Mailing Address of Donor 1375 Ford Street # 720 <hr/> City: Maumee State: OH Zip: 43537	Date of Receipt 08 / 12 / 2004 <hr/> Amount 2 50 00

SUBTOTAL of Donations This Page (optional)	1 1 2 5 0 0
TOTAL This Period (look page this and number only) <small>(carry total from last page to Line 9)</small>	3 2 4 5 2 5 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Mark A. Sass</p> <p>Mailing Address of Donor 1375 Ford Street # 720</p> <p>City State Zip Maumee OH 43537</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 5000</p>
<p>B. Full Name of Donor Mark A. Sass</p> <p>Mailing Address of Donor 1375 Ford Street # 720</p> <p>City State Zip Maumee OH 43537</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 2500</p>
<p>C. Full Name of Donor Mark A. Sass</p> <p>Mailing Address of Donor 1375 Ford Street # 720</p> <p>City State Zip Maumee OH 43537</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 5000</p>
<p>D. Full Name of Donor Mark A. Sass</p> <p>Mailing Address of Donor 1375 Ford Street # 720</p> <p>City State Zip Maumee OH 43537</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 5000</p>
<p>E. Full Name of Donor Mark A. Sass</p> <p>Mailing Address of Donor 1375 Ford Street # 720</p> <p>City State Zip Maumee OH 43537</p>	<p>Date of Receipt 08 03 2004</p> <p>Amount 5000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page has the number only)</p> <p>(carry total from last page to line 8)</p>	<p>22500</p> <p>32475000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Mark A. Sass</p> <p>Mailing Address of Donor 1375 Ford Street # 720</p> <p>City State Zip Maumee OH 43537</p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Donald Satterfield</p> <p>Mailing Address of Donor 12 Emerson Way</p> <p>City State Zip Hopkinton MA 01748</p>	<p>Date of Receipt 05 20 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Donald Satterfield</p> <p>Mailing Address of Donor 12 Emerson Way</p> <p>City State Zip Hopkinton MA 01748</p>	<p>Date of Receipt 08 10 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Donald Satterfield</p> <p>Mailing Address of Donor 12 Emerson Way</p> <p>City State Zip Hopkinton MA 01748</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Kenneth Saunders</p> <p>Mailing Address of Donor 9890 E Paseo San Rosendo</p> <p>City State Zip Tucson AZ 85747</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 25000</p>
<p>STATUTORY of Donations This Page (optional) ▶</p> <p>TOTAL This Period (add page two line number only) ▶ (carry total from last page to Line 9)</p>	<p>175000</p> <p>32650000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 5000</p>
<p>B. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 10000</p>
<p>C. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 10000</p>
<p>D. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 10000</p>
<p>E. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 08 29 2004</p> <p>Amount 10000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (see page 990 line number only) ▶ (carry total from last page to Line B)</p>	<p>45000</p> <p>32695000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 08 08 2004</p> <p>Amount 5000</p>
<p>B. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 09 15 2004</p> <p>Amount 10000</p>
<p>C. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 10000</p>
<p>D. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 10 01 2004</p> <p>Amount 10000</p>
<p>E. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 10000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>45000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to this line)</p>	<p>32740000</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 5000</p>
<p>B. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 5000</p>
<p>C. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 10000</p>
<p>D. Full Name of Donor Cary Schatz</p> <p>Mailing Address of Donor 345 South Doheny Drive, Apartment 202</p> <p>City State Zip Beverly Hills CA 90211</p>	<p>Date of Receipt 10 21 2004</p> <p>Amount 5000</p>
<p>E. Full Name of Donor Joel Schlesinger</p> <p>Mailing Address of Donor PO Box 850</p> <p>City State Zip McAfee NJ 07428</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 90000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 75000</p>	
<p>TOTAL This Period (add page line line number only) ▶ 32815000 (carry over from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Joel Schlesinger</p> <p>Mailing Address of Donor PO Box 850</p> <p>City State Zip McAfee NJ 07428</p>	<p>Date of Receipt 08 19 2004</p> <p>Amount \$ 0 0 0 0</p>
<p>B. Full Name of Donor Meshell Schloss</p> <p>Mailing Address of Donor 10308 Bayless Lane</p> <p>City State Zip Fort Wayne IN 46804</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount \$ 0 0 0 0</p>
<p>C. Full Name of Donor Meshell Schloss</p> <p>Mailing Address of Donor 10308 Bayless Ln</p> <p>City State Zip Fort Wayne IN 46804</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount \$ 0 0 0 0 0 0</p>
<p>D. Full Name of Donor Mark Scholz</p> <p>Mailing Address of Donor 5305 Shenandoah Ave</p> <p>City State Zip Los Angeles CA 90056</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount \$ 0 0 0 0 0 0</p>
<p>E. Full Name of Donor Pauli Schulstad</p> <p>Mailing Address of Donor 20 Eckert Farm Road</p> <p>City State Zip Saddle River NJ 07458</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount \$ 2 5 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 7 5 0 0 0</p>
<p>TOTAL This Period (Use page 918 line number only) (carry info from last page to Line 0)</p>	<p>3 3 0 9 0 0 0 0</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Carol L. Segrest</p> <p>Mailing Address of Donor 6306 Cocoa Ln</p> <p>City State Zip Apopka FL 33572</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 000 00</p>
<p>B. Full Name of Donor P. Serio</p> <p>Mailing Address of Donor 20134 E Damaral Dr</p> <p>City State Zip Covina CA 91724</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Robert Sexton</p> <p>Mailing Address of Donor 6411 E. Shepherd Hills Dr.</p> <p>City State Zip Tampa AZ 85710</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor terence Shaftel</p> <p>Mailing Address of Donor 32 Walnut Avenue</p> <p>City State Zip Los gatos CA 95030</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Barry Shannon</p> <p>Mailing Address of Donor 344 Sea Oats Trail</p> <p>City State Zip Kitty Hawk NC 27949</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 500 00</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>4 7 5 0 0 0</p>
<p>TOTAL This Period (fast page for line number only) (carry total from last page to line B) ▶</p>	<p>3 3 5 6 5 0 0 0</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Mortimer Shea</p> <hr/> <p>Mailing Address of Donor 9121 Kapaa Dr</p> <hr/> <p>City State Zip Huntington Beach CA 92646</p>	<p>Date of Receipt 10 25 2004</p> <hr/> <p>Amount 100000</p>
<p>B. Full Name of Donor Greg Sheehan</p> <hr/> <p>Mailing Address of Donor 3306 Pleasant Valley Blvd.</p> <hr/> <p>City State Zip Altoona PA 16602</p>	<p>Date of Receipt 10 26 2004</p> <hr/> <p>Amount 50000</p>
<p>C. Full Name of Donor Greg Sheehan</p> <hr/> <p>Mailing Address of Donor 3306 Pleasant Valley Blvd</p> <hr/> <p>City State Zip Altoona PA 16602</p>	<p>Date of Receipt 10 17 2004</p> <hr/> <p>Amount 50000</p>
<p>D. Full Name of Donor James Shiley</p> <hr/> <p>Mailing Address of Donor 608 SW Arboretum Circle</p> <hr/> <p>City State Zip Portland OR 97221</p>	<p>Date of Receipt 10 25 2004</p> <hr/> <p>Amount 25000</p>
<p>E. Full Name of Donor Jeffrey Siegel</p> <hr/> <p>Mailing Address of Donor 280 Cambon Ave</p> <hr/> <p>City State Zip Saint James NY 11780</p>	<p>Date of Receipt 10 25 2004</p> <hr/> <p>Amount 25000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>250000</p>
<p>TOTAL This Period (add page for the number only)</p> <p>(copy total from last page to Line 9)</p>	<p>33815000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Jeffrey Siegel</p> <p>Mailing Address of Donor 280 Cambon Ave</p> <p>City State Zip Saint James NY 11780</p>	<p>Date of Receipt 08 16 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Jeffrey Siegel</p> <p>Mailing Address of Donor 280 Cambon Ave</p> <p>City State Zip Saint James NY 11780</p>	<p>Date of Receipt 08 01 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Jeffrey Siegel</p> <p>Mailing Address of Donor 280 Cambon Ave</p> <p>City State Zip Saint James NY 11780</p>	<p>Date of Receipt 05 01 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor William Singleton</p> <p>Mailing Address of Donor 1517 Monaco Drive</p> <p>City State Zip Pacific Palisades CA 90272</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Michael Skinner</p> <p>Mailing Address of Donor 11030 Santa Monica Blvd</p> <p>City State Zip Los Angeles CA 90025</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (colored)</p>	<p>275000</p>
<p>TOTAL This Period (omit page fee and interest only) (carry total from last page to Line 9)</p>	<p>34080000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Blair Smith</p> <p>Mailing Address of Donor 4709 Parkhurst Dr</p> <p>City State Zip Bellingham WA 98229</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Blair Smith</p> <p>Mailing Address of Donor 4709 Parkhurst Drive</p> <p>City State Zip Bellingham WA 98229</p>	<p>Date of Receipt 09 08 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Blair Smith</p> <p>Mailing Address of Donor 4709 Parkhurst Dr</p> <p>City State Zip Bellingham WA 98229</p>	<p>Date of Receipt 10 07 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Dan Smith</p> <p>Mailing Address of Donor 3221 Avalon Place</p> <p>City State Zip Houston TX 77019</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor David Smith</p> <p>Mailing Address of Donor 583 Chardonay Pl.</p> <p>City State Zip Waukegan IA 50263</p>	<p>Date of Receipt 08 03 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>200000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(only total from last page to line 9)</p>	<p>34290000</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor David R. Smith <hr/> Mailing Address of Donor 583 Chardonnay Pt. <hr/> City: Waukee State: IA Zip: 50263	Date of Receipt 10 / 23 / 2004 <hr/> Amount 5 0 0 0 0
B. Full Name of Donor Donald Smith <hr/> Mailing Address of Donor 288 Hubbard Rd <hr/> City: Newton State: AL Zip: 36352	Date of Receipt 10 / 23 / 2004 <hr/> Amount 5 0 0 0 0
C. Full Name of Donor Lecia Smith <hr/> Mailing Address of Donor 5106 West Creek Court <hr/> City: Suffolk State: VA Zip: 23435	Date of Receipt 10 / 25 / 2004 <hr/> Amount 5 0 0 0 0
D. Full Name of Donor Lecia Smith <hr/> Mailing Address of Donor 5106 West Creek Court <hr/> City: Suffolk State: VA Zip: 23435	Date of Receipt 10 / 30 / 2004 <hr/> Amount 5 0 0 0 0
E. Full Name of Donor W.R. Smith <hr/> Mailing Address of Donor 3653 Oceanside Drive <hr/> City: Greenbank State: WA Zip: 98253	Date of Receipt 10 / 22 / 2004 <hr/> Amount 1 0 0 0 0 0
SUBTOTAL of Donations This Page (continued)>	3 0 0 0 0 0
TOTAL This Period (next page this line number only)> <small>(Copy total from last page to line 5)</small>	3 4 5 9 0 0 0 0

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Constantine Sotiriou</p> <p>Mailing Address of Donor 3907 South Jasmine Street</p> <p>City State Zip Denver CO 80237</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Constantine Sotiriou</p> <p>Mailing Address of Donor 3907 South Jasmine Street</p> <p>City State Zip Denver CO 80237</p>	<p>Date of Receipt 09 01 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor THERESE STANFILL</p> <p>Mailing Address of Donor 908 oak grove avenue</p> <p>City State Zip san marino CA 91108</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor J STERRY</p> <p>Mailing Address of Donor 18947 kiffinan street</p> <p>City State Zip northridge CA 91326</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor j sterry</p> <p>Mailing Address of Donor 18947 kiffinan</p> <p>City State Zip northridge CA 91326</p>	<p>Date of Receipt 08 27 2004</p> <p>Amount 25000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>160000</p>
<p>TOTAL This Period (see page two line number only)</p> <p>(carry total from last page to line 9)</p>	<p>34750000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor j sterry</p> <p>Mailing Address of Donor 18947 kilfinan</p> <p>City State Zip northridge CA 91326</p>	<p>Date of Receipt 09 14 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor J P STERRY</p> <p>Mailing Address of Donor 18947 KILFINAN STREET</p> <p>City State Zip NORTHRIDGE CA 91326</p>	<p>Date of Receipt 10 31 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Neil Stewart</p> <p>Mailing Address of Donor 3396 Hastings Avenue West</p> <p>City State Zip Port Townsend WA 98368</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Neil Stewart</p> <p>Mailing Address of Donor 3396 Hastings Avenue West</p> <p>City State Zip Port Townsend WA 98368</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Neil Stewart</p> <p>Mailing Address of Donor 3396 Hastings Avenue West</p> <p>City State Zip Port Townsend WA 98368</p>	<p>Date of Receipt 08 30 2004</p> <p>Amount 10000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>110000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry totals from last page to Line 9)</p>	<p>34860000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Neil Stewart</p> <p>Mailing Address of Donor 3396 Hastings Ave W</p> <p>City State Zip Port Townsend WA 98368</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 10000</p>
<p>B. Full Name of Donor Neil Stewart</p> <p>Mailing Address of Donor 3396 Hastings Ave W</p> <p>City State Zip Port Townsend WA 98368</p>	<p>Date of Receipt 09 07 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Neil Stewart</p> <p>Mailing Address of Donor 3396 Hastings Avenue West</p> <p>City State Zip Port Townsend WA 98368</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Lester Straw</p> <p>Mailing Address of Donor 2812 W GREEN ACRES RD</p> <p>City State Zip ROGERS AR 72758</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Lester Straw</p> <p>Mailing Address of Donor 2812 W GREEN ACRES RD</p> <p>City State Zip ROGERS AR 72758</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>160000</p>
<p>TOTAL This Period (last page has line number only)</p> <p>(carry over from last page to Line 9)</p>	<p>35020000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Jonathan Stuman</p> <p>Mailing Address of Donor 8061 Riverside Dr.</p> <p>City State Zip Richmond VA 23226</p>	<p>Date of Receipt 10/22/2004</p> <p>Amount 25000</p>
<p>B. 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 10/23/2004</p> <p>Amount 250000</p>
<p>C. Full Name of Donor Douglas Swenson</p> <p>Mailing Address of Donor 341 W Ashbourne Dr.</p> <p>City State Zip Eagle ID 83616</p>	<p>Date of Receipt 10/24/2004</p> <p>Amount 1000000</p>
<p>D. 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 10/23/2004</p> <p>Amount 1000000</p>
<p>E. 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 10/25/2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>525000</p>
<p>TOTAL This Period (last page 99a line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>35645000</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor James Tegeder</p> <p>Mailing Address of Donor 4716 Ridge Water CT</p> <p>City State Zip Holly Springs NC 27540</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Kirk Tepe</p> <p>Mailing Address of Donor 7071 Hollywood Drive</p> <p>City State Zip West Chester OH 45069</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Kirk Tepe</p> <p>Mailing Address of Donor 7071 Hollywood Drive</p> <p>City State Zip West Chester OH 45069</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Kirk Tepe</p> <p>Mailing Address of Donor 7071 Hollywood Drive</p> <p>City State Zip West Chester OH 45069</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Paul Thomas</p> <p>Mailing Address of Donor PO Box 11085</p> <p>City State Zip Truckee CA 95162</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>275000</p>
<p>TOTAL This Period (next page has the number only)</p> <p>(carry total from last page in Line 9)</p>	<p>35820000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Stephen Thomas</p> <p>Mailing Address of Donor 15 Sunset Gardens</p> <p>City State Zip Mountain Top PA 18707</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Stephen Thomas</p> <p>Mailing Address of Donor 15 Sunset Gardens</p> <p>City State Zip Mountain Top PA 18707</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Steve Thomas</p> <p>Mailing Address of Donor 15 Sunset Gardens</p> <p>City State Zip Mountain Top PA 18707</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor richard thompson</p> <p>Mailing Address of Donor 21214 ste. andrews blvd.</p> <p>City State Zip boca raton FL 33433</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor richard thompson</p> <p>Mailing Address of Donor 21214 ste. andrews blvd</p> <p>City State Zip boca raton FL 33433</p>	<p>Date of Receipt 08 19 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>200000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>36020000</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor arturo torres <hr/> Mailing Address of Donor PO BOX #17305 <hr/> City State Zip SAN ANTONIO TX 78217	Date of Receipt 10 23 2004 <hr/> Amount 500.00
B. Full Name of Donor arturo torres <hr/> Mailing Address of Donor po box 17305 <hr/> City State Zip san antonio TX 78217	Date of Receipt 10 23 2004 <hr/> Amount 500.00
C. Full Name of Donor Miklos Toth <hr/> Mailing Address of Donor 1070 Park Ave, #1A <hr/> City State Zip New York NY 10128	Date of Receipt 10 25 2004 <hr/> Amount 1000.00
D. Full Name of Donor martin treope <hr/> Mailing Address of Donor 24 dockside lane pmb 447 <hr/> City State Zip key largo FL 33037	Date of Receipt 10 23 2004 <hr/> Amount 1000.00
E. Full Name of Donor Peter Tripple <hr/> Mailing Address of Donor 2170 Coldwater Canyon Drive <hr/> City State Zip Beverly Hills CA 90210	Date of Receipt 10 23 2004 <hr/> Amount 250.00
SUBTOTAL of Donations This Page (optional)	3250.00
TOTAL This Period (last page this line number only) <small>(carry total from last page to Line 9)</small>	35345.00

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Deborah Unruh</p> <p>Mailing Address of Donor 12686 Hwy 49</p> <p>City State Zip Grass Valley CA 95949</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor Nino Vaghi</p> <p>Mailing Address of Donor 5225 Pooks Hill Rd, Apt 1512 S</p> <p>City State Zip Bethesda MD 20814</p>	<p>Date of Receipt 11 25 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor NINO VAGHI</p> <p>Mailing Address of Donor 5225 POOKS HILL RD #1512-SOUTH</p> <p>City State Zip BETHESDA MD 20814</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 50000</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 45205</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor DIDIER VARLET</p> <p>Mailing Address of Donor 19 EAST SCOTT ST</p> <p>City State Zip CHICAGO IL 60610</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 10000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>1260000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 2)</p>	<p>37605000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Steve Vidibor</p> <p>Mailing Address of Donor 217 Ada Ave. #24</p> <p>City State Zip Mountain View CA 94043</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Curtis Voges</p> <p>Mailing Address of Donor 946 Oak</p> <p>City State Zip Winnetka IL 60093</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor Curtis Voges</p> <p>Mailing Address of Donor 946 Oak Street</p> <p>City State Zip Winnetka IL 60093</p>	<p>Date of Receipt 09 28 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor Curtis Voges</p> <p>Mailing Address of Donor 946 Oak Street</p> <p>City State Zip Winnetka IL 60093</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Gary Vogler</p> <p>Mailing Address of Donor 11451 S. W. 3rd. Street</p> <p>City State Zip Plantation FL 33325</p>	<p>Date of Receipt 10 29 2004</p> <p>Amount 5 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 000 00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>3 780 50 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Albert Walcutt</p> <p>Mailing Address of Donor 8260 Plank Rd.</p> <p>City State Zip Thompson OH 44086</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Albert Walcutt</p> <p>Mailing Address of Donor 8260 Plank Rd.</p> <p>City State Zip Thompson OH 44086</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor bernard werner</p> <p>Mailing Address of Donor 105 wynview</p> <p>City State Zip moon township PA 15108</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 160000</p>
<p>D. Full Name of Donor bernard werner</p> <p>Mailing Address of Donor 105 wynview drive</p> <p>City State Zip moon township PA 15108</p>	<p>Date of Receipt 09 17 2004</p> <p>Amount 75000</p>
<p>E. Full Name of Donor bernard werner</p> <p>Mailing Address of Donor 105 wynview drive</p> <p>City State Zip moon township PA 15108</p>	<p>Date of Receipt 08 09 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>275000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 5)</p>	<p>38080000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. 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 10 22 2004</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor lewis whaley</p> <p>Mailing Address of Donor #4 Quarry Ridge</p> <p>City State Zip Charleston WV 25304</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 5 0 0 0 0</p>
<p>C. Full Name of Donor Lewis Whaley</p> <p>Mailing Address of Donor #4 Quarry Ridge</p> <p>City State Zip CHARLESTON WV 25304</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor Cynthia Whitehead</p> <p>Mailing Address of Donor 40777 Black Gold Place</p> <p>City State Zip Leesburg VA 20176</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor Cynthia Whitehead</p> <p>Mailing Address of Donor 40777 Black Gold Place</p> <p>City State Zip Leesburg VA 20176</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 5 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>2 5 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>3 8 3 3 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Cynthia Whitehead</p> <p>Mailing Address of Donor 40777 Black Gold Place</p> <p>City State Zip Leesburg VA 20176</p>	<p>Date of Receipt 09 30 2004</p> <p>Amount 10000</p>
<p>B. Full Name of Donor Stephen Wiesenfeld</p> <p>Mailing Address of Donor 3102 Shell Ave</p> <p>City State Zip Midland TX 79705</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 10000</p>
<p>C. Full Name of Donor Stephen Wiesenfeld</p> <p>Mailing Address of Donor 3102 Shell Ave</p> <p>City State Zip Midland TX 79705</p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 10000</p>
<p>D. Full Name of Donor Stephen Wiesenfeld</p> <p>Mailing Address of Donor 3102 Shell Ave</p> <p>City State Zip Midland TX 79705</p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Stephen Wiesenfeld</p> <p>Mailing Address of Donor 3102 Shell Ave</p> <p>City State Zip Midland TX 79705</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 25000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>80000</p>
<p>TOTAL This Form (last page this line number only)</p> <p>(carry total from last page to Line 8)</p>	<p>38410000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Stephen Wiesenfeld</p> <hr/> <p>Mailing Address of Donor 3102 Shell Ave</p> <hr/> <p>City State Zip Midland TX 79705</p>	<p>Date of Receipt 08 27 2004</p> <hr/> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor Stephen Wiesenfeld</p> <hr/> <p>Mailing Address of Donor 3102 Shell Ave</p> <hr/> <p>City State Zip Midland TX 79705</p>	<p>Date of Receipt 09 08 2004</p> <hr/> <p>Amount 1 000 00</p>
<p>C. Full Name of Donor Stephen Wiesenfeld</p> <hr/> <p>Mailing Address of Donor 3102 Shell Ave</p> <hr/> <p>City State Zip Midland TX 79705</p>	<p>Date of Receipt 10 09 2004</p> <hr/> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor Gary E. Wilkin</p> <hr/> <p>Mailing Address of Donor PO Box 1057</p> <hr/> <p>City State Zip Tracyton WA 98393</p>	<p>Date of Receipt 10 25 2004</p> <hr/> <p>Amount 2 500 00</p>
<p>E. Full Name of Donor Michael Wittett</p> <hr/> <p>Mailing Address of Donor 5 Oriole Way</p> <hr/> <p>City State Zip Ringoes NJ 08551</p>	<p>Date of Receipt 10 25 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>3 300 00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to line 9)</p>	<p>3 874 00 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Bobby Williams</p> <p>Mailing Address of Donor 3434 Howell Street NW Ste B</p> <p>City State Zip Duluth GA 30096</p>	<p>Date of Receipt 10 29 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Bobby Williams</p> <p>Mailing Address of Donor 3434 Howell Street NW, Ste B</p> <p>City State Zip Duluth GA 30096</p>	<p>Date of Receipt 09 29 2004</p> <p>Amount 50000</p>
<p>C. 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 10 22 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Fredrick Wilson</p> <p>Mailing Address of Donor 1305 Rollins Street</p> <p>City State Zip Grand Blanc MI 48439</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Fredrick Wilson</p> <p>Mailing Address of Donor 1305 Rollins St.</p> <p>City State Zip Grand Blanc MI 48439</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 10000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>165000</p>
<p>TOTAL THIS PERIOD (last page has line number ONLY) (carry total from last page to Line 9)</p>	<p>38925000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Fredrick Wilson</p> <p>Mailing Address of Donor 1305 Rollins St.</p> <p>City: Grand Blanc State: MI Zip: 48439</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Fredrick Wilson</p> <p>Mailing Address of Donor 1305 Rollins St.</p> <p>City: Grand Blanc State: MI Zip: 48439</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City: Prescott State: AZ Zip: 86305</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 500 00</p>
<p>D. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City: Prescott State: AZ Zip: 86305</p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 2 500 00</p>
<p>E. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City: Prescott State: AZ Zip: 86305</p>	<p>Date of Receipt 07 27 2004</p> <p>Amount 500 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>6 250 00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>3 898 750 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 08 01 2004</p> <p>Amount 2500</p>
<p>B. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 08 04 2004</p> <p>Amount 2500</p>
<p>C. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 08 04 2004</p> <p>Amount 2500</p>
<p>D. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 08 10 2004</p> <p>Amount 6000</p>
<p>E. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 6000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>17500</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p>39005000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 1 0 0 0 0</p>
<p>B. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 08 26 2004</p> <p>Amount 5 0 0 0</p>
<p>C. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 08 27 2004</p> <p>Amount 2 5 0 0</p>
<p>D. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 08 30 2004</p> <p>Amount 5 0 0 0</p>
<p>E. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 09 08 2004</p> <p>Amount 2 5 0 0</p>

<p>SUBTOTAL of Donations This Page (collected)</p>	<p>2 5 0 0 0</p>
<p>TOTAL This Period (add page has little number only). (carry over from last page to Line 9)</p>	<p>3 9 0 3 0 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City: Prescott State: AZ Zip: 86305</p>	<p>Date of Receipt 09 12 2004</p> <p>Amount 2500</p>
<p>B. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City: Prescott State: AZ Zip: 86305</p>	<p>Date of Receipt 09 21 2004</p> <p>Amount 10000</p>
<p>C. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City: Prescott State: AZ Zip: 86305</p>	<p>Date of Receipt 09 20 2004</p> <p>Amount 10000</p>
<p>D. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City: Prescott State: AZ Zip: 86305</p>	<p>Date of Receipt 09 04 2004</p> <p>Amount 10000</p>
<p>E. Full Name of Donor Ronald Wise</p> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <p>City: Prescott State: AZ Zip: 86305</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 5000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>37500</p>
<p>TOTAL This Period (last page give the number only) (carry total from last page to line 9)</p>	<p>39067500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Ronald Wise</p> <hr/> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <hr/> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 10 04 2004</p> <hr/> <p>Amount 5000</p>
<p>B. Full Name of Donor Ronald Wise</p> <hr/> <p>Mailing Address of Donor 824 West Gurley St. Apt. 127</p> <hr/> <p>City State Zip Prescott AZ 86305</p>	<p>Date of Receipt 10 20 2004</p> <hr/> <p>Amount 5000</p>
<p>C. Full Name of Donor Taras Wolansky</p> <hr/> <p>Mailing Address of Donor 400 Willow Tree Rd.</p> <hr/> <p>City State Zip Leonia NJ 07605</p>	<p>Date of Receipt 10 25 2004</p> <hr/> <p>Amount 25000</p>
<p>D. Full Name of Donor Samuel Wolgemuth</p> <hr/> <p>Mailing Address of Donor 23 Oakbrook Drive</p> <hr/> <p>City State Zip Coto de Caza CA 92679</p>	<p>Date of Receipt 10 25 2004</p> <hr/> <p>Amount 50000</p>
<p>E. Full Name of Donor Samuel Wolgemuth</p> <hr/> <p>Mailing Address of Donor 23 Oakbrook Drive</p> <hr/> <p>City State Zip Coto de Caza CA 92679</p>	<p>Date of Receipt 08 20 2004</p> <hr/> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>135000</p>
<p>TOTAL This Form (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>39202500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Douglas Wood</p> <p>Mailing Address of Donor 18610 Barbuda</p> <p>City State Zip Houston TX 77058</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Douglas Wood</p> <p>Mailing Address of Donor 18610 Barbuda</p> <p>City State Zip Houston TX 77058</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 10000</p>
<p>C. Full Name of Donor Douglas Wood</p> <p>Mailing Address of Donor 18610 Barbuda</p> <p>City State Zip Houston TX 77058</p>	<p>Date of Receipt 08 26 2004</p> <p>Amount 10000</p>
<p>D. Full Name of Donor Douglas Wood</p> <p>Mailing Address of Donor 18610 Barbuda</p> <p>City State Zip Houston TX 77058</p>	<p>Date of Receipt 09 30 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor Douglas Wood</p> <p>Mailing Address of Donor 18610 Barbuda</p> <p>City State Zip Houston TX 77058</p>	<p>Date of Receipt 09 18 2004</p> <p>Amount 25000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>120000</p>
<p>TOTAL This Period (next page for line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>39322500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Douglas Wood</p> <p>Mailing Address of Donor 18610 Barbuda</p> <p>City State Zip Houston TX 77058</p>	<p>Date of Receipt 10 07 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor M Lanier Woodrum</p> <p>Mailing Address of Donor 7031 Mt Chestnut Rd</p> <p>City State Zip Roanoke VA 24018</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor M Lanier Woodrum</p> <p>Mailing Address of Donor 7031 Mt Chestnut Rd</p> <p>City State Zip Roanoke VA 24018</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor M Lanier Woodrum</p> <p>Mailing Address of Donor 7031 Mt Chestnut Rd</p> <p>City State Zip Roanoke VA 24018</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 10000</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 10 25 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to line 9)</p>	<p>235000</p> <p>39557500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor David Young</p> <p>Mailing Address of Donor 3225 Sierra Ct. Sw</p> <p>City State Zip Issaquah WA 98027</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Pierluigi Zappacosta</p> <p>Mailing Address of Donor 98 Faxon Road</p> <p>City State Zip Atherton CA 94027</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor Pierluigi Zappacosta</p> <p>Mailing Address of Donor 98 Faxon Road</p> <p>City State Zip Atherton CA 94027</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor Pierluigi Zappacosta</p> <p>Mailing Address of Donor 98 Faxon Road</p> <p>City State Zip Atherton CA 94027</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 5 000 00</p>
<p>E. 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 10 25 2004</p> <p>Amount 5 000 00</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 000 00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to line 8)</p>	<p>3 975 7500</p>

SCHEDULE 3-A
Donation(s) Received

<p>A. Full Name of Donor Jamie Zissis</p> <p>Mailing Address of Donor 6080 Shiloh Ridge Road</p> <p>City State Zip Santa Rosa CA 95403</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Doug Zych</p> <p>Mailing Address of Donor 172 Field Point Road</p> <p>City State Zip Greenwich CT 06830</p>	<p>Date of Receipt 10 25 2004</p> <p>Amount 2 500 00</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 7 5 0 0 0</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line #1)</p>	<p>4 0 0 3 2 5 0 0</p>

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Chris LaCivita Consulting				Date of Disbursement or Obligation 09 29 2004	
Mailing Address of Payee 13604 Timberlake Court				Amount 383300	
City Middletown	State VA	Zip Code 23311	Communication Date 10 05 2004		
Name of Employer Occupation					
Purpose of Disbursement (including type(s) of communication(s)) Media Copywriting & Production					
Name of Federal Candidate John F. Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State (None)	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For		
B. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services				Date of Disbursement or Obligation 10 26 2004	
Mailing Address of Payee 600 Fairmount Avenue, Suite 306				Amount 32849882	
City Towson	State MD	Zip Code 21286	Communication Date 10 27 2004		
Name of Employer Occupation					
Purpose of Disbursement (including type(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	State	Disbursement/Obligation For		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For		
SUBTOTAL of Disbursements/Obligations This Page (optional)				33183182	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				33183182	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KDKA-TV				Date of Disbursement or Obligation 10 28 2004	
Mailing Address of Payee One Gateway Center				Amount 12378125	
City Pittsburgh	State PA	Zip Code 15222		Communication Date 10 27 2004	
Name of Employer Occupation					
Purpose of Disbursement (including use(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)		
B. Full Name (Last, First, Middle Initial) of Payee WPGH-TV				Date of Disbursement or Obligation 10 28 2004	
Mailing Address of Payee 750 Ivory Avenue				Amount 6426000	
City Pittsburgh	State PA	Zip Code 15214		Communication Date 10 27 2004	
Name of Employer Occupation					
Purpose of Disbursement (including use(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)				18804125	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				51987307	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WPXI-TV				Date of Disbursement or Obligation 10 28 2004	
Mailing Address of Payee 11 Television Hill				Amount 2108000	
City Pittsburgh	State PA	Zip Code 15214		Communication Date 10 27 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 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 WTAE-TV				Date of Disbursement or Obligation 10 26 2004	
Mailing Address of Payee 400 Ardmore Blvd.				Amount 12631000	
City Pittsburgh	State PA	Zip Code 15221		Communication Date 10 27 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 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)				14739000	
TOTAL This Period (last page this line number only) (carry over from last page to Line 10)				86726307	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee:
WBRE-TV

Date of Disbursement or Obligation:
 10 26 2004

Mailing Address of Payee:
62 South Franklin Street

Amount:
 10875750

City: Wilkes Barre **State:** PA **Zip Code:** 18701

Communication Date:
 10 27 2004

Name of Employer: _____ **Occupation:** _____

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

Media Buy

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

B. Full Name (Last, First Middle Initial) of Payee:
WNEP-TV

Mailing Address of Payee:
16 Montage Mountain Road

City: Moosic **State:** PA **Zip Code:** 18507

Name of Employer: _____ **Occupation:** _____

Date of Disbursement or Obligation:
 10 28 2004

Amount:
 12255500

Communication Date:
 10 27 2004

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

Media Buy

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

23141250
 89867557

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WOLF-TV			Date of Disbursement or Obligation 10 26 2004
Mailing Address of Payee 1181 Highway 315			Amount 1734000
City Plains	State PA	Zip Code 18702	Communication Date 10 27 2004
Name of Employer Operation			

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 checked="" 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 WYOU-TV			Date of Disbursement or Obligation 10 28 2004
Mailing Address of Payee 409 Lackawanna Avenue			Amount 10807750
City Scranton	State PA	Zip Code 18503	Communication Date 10 27 2004
Name of Employer Chairman			

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 checked="" 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) _____

12541750

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

102409307

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WATM-TV				Date of Disbursement or Obligation 10 26 2004
Mailing Address of Payee 1450 Scalp Avenue				Amount 4,862.00
City Johnstown	State PA	Zip Code 15904		Communication Date 10 27 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"/>	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 WJAC-TV				Date of Disbursement or Obligation 10 26 2004
Mailing Address of Payee 49 Old Hickory Lane				Amount 3,990.75
City Johnstown	State PA	Zip Code 15805		Communication Date 10 27 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"/>	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)				4,476.95
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				10,688.62

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WTAI-TV				Date of Disbursement or Obligation 10 26 2004	
Mailing Address of Payee 5000 6th Avenue				Amount 49,597.50	
City Allentown		State PA	Zip Code 18102		Communication Date 10 27 2004
Name of Employer Corporation					
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		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		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		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 WWCP-TV				Date of Disbursement or Obligation 10 26 2004	
Mailing Address of Payee 1450 Scalp Avenue				Amount 4,590.00	
City Johnstown		State PA	Zip Code 15904		Communication Date 10 27 2004
Name of Employer Corporation					
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		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		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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (optional)				54,187.50	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				112,305.07	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WFXP-TV				Date of Disbursement or Obligation 1 0 2 6 2 0 0 4	
Mailing Address of Payee 6455 Peach Street				Amount 5 5 2 5 0 0	
City Erie	State PA	Zip Code 16509		Communication Date 1 0 2 7 2 0 0 4	
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 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 WICU-TV				Date of Disbursement or Obligation 1 0 2 6 2 0 0 4	
Mailing Address of Payee 3514 State Street				Amount 3 2 6 4 0 0 0	
City Erie	State PA	Zip Code 16508		Communication Date 1 0 2 7 2 0 0 4	
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 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)				3 8 1 6 5 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				1 1 6 1 2 1 5 0 7	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payer WJET-TV			Date of Disbursement or Obligation 1 0 2 7 2 0 0 4	
Mailing Address of Payer 8455 Peach Street			Amount 1 6 4 2 2 0 0	
City Erie	State PA	Zip Code 16508	Communication Date 1 0 2 7 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) _____

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

WSEE-TV

Mailing Address of Payer 1220 Peach Street			Date of Disbursement or Obligation 1 0 2 7 2 0 0 4	
City Erie			Amount 3 6 6 7 7 5 0	
State PA	Zip Code 16501		Communication Date 1 0 2 7 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) _____

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

5 3 0 9 9 5 0
 1 2 1 4 3 1 4 5 7

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KYW-TV				Date of Disbursement or Obligation 10 26 2004
Mailing Address of Payee 101 South Independence Mall East				Amount 551,480.00
City Philadelphia	State PA	Zip Code 19106		Communication Date 10 27 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 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 WPSG-TV				Date of Disbursement or Obligation 10 28 2004
Mailing Address of Payee 101 South Independence Mall East				Amount 110,500
City Philadelphia	State PA	Zip Code 19106		Communication Date 10 27 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 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)			552,580.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)			1,766,899.57	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WPVI-TV				Date of Disbursement or Obligation 10 26 2004	
Mailing Address of Payee 4100 City Line Avenue				Amount 1360000	
City Philadelphia	State PA	Zip Code 19131		Communication Date 10 27 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 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 WCAU-TV				Date of Disbursement or Obligation 10 28 2004	
Mailing Address of Payee 10 Monument Road				Amount 40468500	
City Bala Cynwyd	State PA	Zip Code 19004		Communication Date 10 27 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 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)				41823500	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				218518457	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WPHL-TV				Date of Disbursement or Obligation 10 28 2004	
Mailing Address of Payee 5001 Wynnefield Avenue				Amount 2533000	
City Philadelphia	State PA	Zip Code 19131	Communication Date 10 27 2004		
Name of Employer _____				Occupation _____	
Purpose of Disbursement (including title 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) _____		
B. Full Name (Last, First, Middle Initial) of Payee WTXF-TV				Date of Disbursement or Obligation 10 26 2004	
Mailing Address of Payee 330 Market Street				Amount 18964350	
City Philadelphia	State PA	Zip Code 19106	Communication Date 10 27 2004		
Name of Employer _____				Occupation _____	
Purpose of Disbursement (including title 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)				21497350	
TOTAL This Period (last page this line number only) (carry over from last page to Line 10)				240015007	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Stevens Reed Curcio & Potholm			Date of Disbursement or Obligation 10/27/2004
Mailing Address of Payee 305 Cameron Street			Amount 2055500
City Alexandria	State VA	Zip Code 22314	Communication Date 10/27/2004
Name of Employer Occupation			

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

Media 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

Mailing Address of Payee			Date of Disbursement or Obligation
City			Amount
State	Zip Code		Communication Date
Name of Employer			Occupation

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

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) _____

2055500
242071307

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

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
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