

GREATER NEW ORLEANS REPUBLICANS FUND

Post Office Box 55256
Metairie, LA 70055
Tel: (504) 830-2890
Fax: (504) 833-3334

FAX TRANSMISSION

TO: SIR / MADAM

FAX NUMBER: 1-202-219-0174

FROM: Greater New Orleans Republicans Fund

PAGES (Including Cover Sheet): 13

DATE: 10/29/04

COMMENT: _____

CONFIDENTIALITY NOTICE: This fax is personal and confidential. If you received this fax in error, please inform the sender by calling (504) 830-2890.

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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

(a) Name
GREATER NEW ORLEANS REPUBLICANS FUND

(b) Address (number and street) check if different than previously reported
PO BOX 55250

(c) City, State and ZIP Code
METAIRIE LA 70055

(d) Name of Employer or Principal Place of Business
N/A

(e) Occupation
N/A

2. FEC Identification Number
C

3. Is This Statement New or Amended

4. Covering Period
From 10/26/2004 through 10/27/2004

5. (a) Date of Public Distribution(s) 10/28/2004 (b) Communication Title I BELIEVE

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107? Yes No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
ROBERT J. LOGRECO

(b) Address (number and street)
3621 RIDGE LAKE DRIVE, SUITE 201

(c) City, State and ZIP Code
METAIRIE LA 70002

(d) Name of Employer or Principal Place of Business
LOGRECO & ASSOCIATES, LLC CPAs

(e) Occupation
CPA

9. Total Donations This Statement
90,000.00

10. Total Disbursements/Obligations This Statement
68,528.84

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 ROBERT LOGRECO

SIGNATURE Robert J. Logreco DATE 10/29/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. 6407g.

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

PAGE 2 OF 12

15. Person(s) Sharing/Exercising Control

A. (a) Name MORGAN STEWART	
(b) Address (number and street) 954 FLORIDA BLVD	
(c) City, State and ZIP Code NEW ORLEANS LA 70124	
(d) Name of Employer or Principal Place of Business ENTERGY CORP	(e) Occupation COMMUNICATIONS
B. (a) Name ROBERT LOGRECO	
(b) Address (number and street) 3631 RIDGE LAKE DR STE 201	
(c) City, State and ZIP Code METALINE LA 70002	
(d) Name of Employer or Principal Place of Business LOGRECO & ASSOCIATES, LLC CPA'S	(e) Occupation CPA
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 12

<p>A. Full Name of Donor <u>WALTER GRAY</u></p> <p>Mailing Address of Donor <u>P.O. BOX 6202</u> City State Zip <u>METAIRIE LA 70009</u></p>	<p>Date of Receipt <u>10 27 2004</u></p> <p>Amount <u>3000000</u></p>
<p>B. Full Name of Donor <u>MICHAEL T. GRAY</u></p> <p>Mailing Address of Donor <u>P.O. BOX 6202</u> City State Zip <u>METAIRIE LA 70009</u></p>	<p>Date of Receipt <u>10 28 2004</u></p> <p>Amount <u>500000</u></p>
<p>C. Full Name of Donor <u>EDWARD DIEFENTHAL</u></p> <p>Mailing Address of Donor <u>P.O. BOX 26087</u> City State Zip <u>NEW ORLEANS LA 70126</u></p>	<p>Date of Receipt <u>10 28 2004</u></p> <p>Amount <u>1500000</u></p>
<p>D. Full Name of Donor <u>JILL CANIZARO</u></p> <p>Mailing Address of Donor <u>2100 HIGHLAND DR</u> City State Zip <u>NEWPORT BEACH CA 92660</u></p>	<p>Date of Receipt <u>10 28 2004</u></p> <p>Amount <u>1500000</u></p>
<p>E. Full Name of Donor <u>JAMES T. COLEMAN</u></p> <p>Mailing Address of Donor <u>321 ST. CHARLES AVE</u> City State Zip <u>NEW ORLEANS, LA 70130</u></p>	<p>Date of Receipt <u>10 29 2004</u></p> <p>Amount <u>1000000</u></p>
<p>SUSTAINMENT of Donations This Page (optional) ▶</p>	<p><u>7500000</u></p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to this line)</p>	<p></p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor LAWRENCE GARVEY</p> <p>Mailing Address of Donor 1448 GARDENIA DR City State Zip METairie LA 70005</p>	<p>Date of Receipt 10 29 2004</p> <p>Amount 15000.00</p>
<p>B. 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>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>15000.00</p>
<p>TOTAL This Period (last page this line number only) (carry total from last page in Line 9)</p>	<p>90000.00</p>

SCHEDULE 9-B

PAGE 5 OF 12

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <u>LAKE SIDE MAILERS</u>		Date of Disbursement or Obligation <u>10 21 2004</u>
Mailing Address of Payee <u>649 PAPWORTH AVE #102</u>		Amount <u>150.00</u>
City <u>METairie, LA</u>	State <u>LA</u>	Zip Code <u>70005</u>
Name of Employer <u>METairie, LA</u>		Occupation <u>70005</u>
Purpose of Disbursement (including title(s) of communication(s)) <u>MAILING</u>		
Name of Federal Candidate <u>GEORGE W. BUSH</u>	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 <u>GEORGE W. BUSH</u>	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 <u>GEORGE W. BUSH</u>	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 <u>HAWK MAN PRODUCTIONS</u>		Date of Disbursement or Obligation <u>10 26 2004</u>
Mailing Address of Payee <u>2117 SPANISH OAKS DR</u>		Amount <u>200.00</u>
City <u>HARVEY, LA</u>	State <u>LA</u>	Zip Code <u>70058</u>
Name of Employer <u>HARVEY, LA</u>		Occupation <u>70058</u>
Purpose of Disbursement (including title(s) of communication(s)) <u>MUSIC</u>		
Name of Federal Candidate <u>GEORGE W. BUSH</u>	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 <u>GEORGE W. BUSH</u>	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 <u>GEORGE W. BUSH</u>	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)		<u>350.00</u>
TOTAL This Period (add page this line number only) (carry total from last page to LMS 10)		

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <u>FELGLEY INK CREATIVE</u>		Date of Disbursement or Obligation <u>10 27 2004</u>
Mailing Address of Payee <u>108 PLOUE CT</u>		Amount <u>6000.00</u>
City <u>MANDENVILLE LA 70448</u>	State <u>LA</u>	Zip Code <u>70448</u>
Name of Employer <u>FELGLEY INK CREATIVE</u>		Communication Date <u>10 28 2004</u>
Purpose of Disbursement (including title(s) of communication(s)) <u>SCRIPT WRITING "I BELIEVE"</u>		
Name of Federal Candidate <u>GEORGE W. BUSH</u>	Office Sought <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 <u>CASANOVA PRODUCTIONS</u>		Date of Disbursement or Obligation <u>10 27 2004</u>
Mailing Address of Payee <u>203 CARONDELET ST. STE. 900</u>		Amount <u>12582.00</u>
City <u>NEW ORLEANS, LA 70130</u>	State <u>LA</u>	Zip Code <u>70130</u>
Name of Employer <u>CASANOVA PRODUCTIONS</u>		Communication Date <u>10 28 2004</u>
Purpose of Disbursement (including title(s) of communication(s)) <u>COMMERCIAL PRODUCTION "I BELIEVE"</u>		
Name of Federal Candidate <u>GEORGE W. BUSH</u>	Office Sought <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)		<u>13182.00</u>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)		

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <u>CAMPAIGN FINANCE - LOUISIANA</u> Mailing Address of Payee <u>2415 QUAIL DR - 3RD FLOOR</u> City State Zip Code <u>BATON ROUGE LA 70802</u> Name of Employer Occupation		Date of Disbursement or Obligation <u>10 27 2004</u> Amount <u>100.00</u> Communication Date
Purpose of Disbursement (including title(s) of communication(s)) <u>STATE FILING FEE</u>		
Name of Federal Candidate <u>GEORGE W. BUSH</u>	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 <u>JEAN MARC DE FRANCE</u> Mailing Address of Payee <u>203 GARONDELET ST. STE 900</u> City State Zip Code <u>NEW ORLEANS LA 70130</u> Name of Employer Occupation		Date of Disbursement or Obligation <u>10 27 2004</u> Amount <u>25.00</u> Communication Date
Purpose of Disbursement (including title(s) of communication(s)) <u>EQUIPMENT - A/V</u>		
Name of Federal Candidate <u>GEORGE W. BUSH</u>	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 (Part 16)		<u>175.00</u>
TOTAL This Period (last page this line number only) (carry total from last page to Line 16)		

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee NETWORK SOLUTIONS		Date of Disbursement or Obligation 10 23 2004	
Mailing Address of Payee 13200 WOODLAWN PARK DR		Amount 4999	
City HERNDON VA	State VA	Zip Code 20171	General Obligation Date 10 23 2004
Name of Employer NETWORK SOLUTIONS		Occupation SALES	
Purpose of Disbursement (including title(s) of communication(s)) WEB SITE SET UP			
Name of Federal Candidate GEORGE W. BUSH	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 District	Disbursement/Obligation For
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For
B. Full Name (Last, First, Middle Initial) of Payee JB COMMUNICATIONS		Date of Disbursement or Obligation 10 23 2004	
Mailing Address of Payee 4739 UTICA ST STE 104		Amount 1747.50	
City METairie LA	State LA	Zip Code 70006	General Obligation Date 10 23 2004
Name of Employer JB COMMUNICATIONS		Occupation SALES	
Purpose of Disbursement (including title(s) of communication(s)) MEDIA BUY "I BELIEVE"			
Name of Federal Candidate GEORGE W. BUSH	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 District	Disbursement/Obligation For
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For
SUBTOTAL of Disbursements/Obligations (this Page) (optional)		1797.49	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee HOLIDAY INN - SUPERDOME		Date of Disbursement or Obligation 10 31 2004	
Mailing Address of Payee 330 LOYOLA AVE		Amount 7,000.00	
City NEW ORLEANS LA	State LA	Zip Code 70112	Communication Date 10 31 2004
Name of Employer HOLIDAY INN		Occupation MANAGER	
Purpose of Disbursement (including date(s) of communication(s)) ROOM RENTAL			
Name of Federal Candidate GEORGE W. BUSH	Office Sought <input checked="" type="checkbox"/> President	House State: _____ Senate District: _____ President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate GEORGE W. BUSH	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	House State: _____ Senate District: _____ President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate GEORGE W. BUSH	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	House State: _____ Senate District: _____ 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 JB COMMUNICATIONS		Date of Disbursement or Obligation 10 28 2004	
Mailing Address of Payee 4739 UTICA ST STE 104		Amount 19,712.50	
City METairie LA	State LA	Zip Code 70006	Communication Date 10 28 2004
Name of Employer JB COMMUNICATIONS		Occupation MANAGER	
Purpose of Disbursement (including date(s) of communication(s)) MEDIA BUY "I BELIEVE"			
Name of Federal Candidate GEORGE W. BUSH	Office Sought <input checked="" type="checkbox"/> President	House State: _____ Senate District: _____ President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate GEORGE W. BUSH	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	House State: _____ Senate District: _____ President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate GEORGE W. BUSH	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	House State: _____ Senate District: _____ President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)		26,712.50	
TOTAL This Period (last page this line number only) (copy label from last page to line 10)			

SCHEDULE 9-B

PAGE 10 OF 12

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
WB-38

mailing Address of Payee
1400 POYDRAS ST STE 745

City State Zip Code
NEW ORLEANS, LA 70112

Name of Employer Occupation

Date of Disbursement or Obligation
10 28 2004

Amount
5,485.00

Communication Date
10 28 2004

Purpose of Disbursement (including title(s) of communication(s))
MEDIA BUY "I BELIEVE"

Name of Federal Candidate Office Sought House Senate President **State:** **District:**

Name of Federal Candidate Office Sought House Senate President **State:** **District:**

Name of Federal Candidate Office Sought House Senate President **State:** **District:**

Disbursement/Obligation For: Primary General Other (specify) _____

Disbursement/Obligation For: Primary General Other (specify) _____

Disbursement/Obligation For: Primary General Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee
BONZA SCREEN GRAPHICS

mailing Address of Payee
1216 FRANKLIN AVE

City State Zip Code
GRETNA LA 70053

Name of Employer Occupation

Date of Disbursement or Obligation
10 29 2004

Amount
3,172.00

Communication Date

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

Name of Federal Candidate Office Sought House Senate President **State:** **District:**

Name of Federal Candidate Office Sought House Senate President **State:** **District:**

Name of Federal Candidate Office Sought House Senate President **State:** **District:**

Disbursement/Obligation For: Primary General Other (specify) _____

Disbursement/Obligation For: Primary General Other (specify) _____

Disbursement/Obligation For: Primary General Other (specify) _____

SUBTOTAL of Disbursements/Obligations (This Page (add lines)) **6,298.20**

TOTAL This Period (last page 11a fee number only)

(carry total from last page to Line 10)

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee JB COMMUNICATIONS		Date of Disbursement or Obligation 10 29 2004	
Mailing Address of Payee 4739 UTICA ST STE 104		Amount 19,507.50	
City METairie	State LA	Zip Code 70006	Communication Date 10 28 2004
Name of Employer Occupation			
Purpose of Disbursement (including title(s) of communication(s)) MEDIA BUY "I BELIEVE"			
Name of Federal Candidate GEORGE W. BUSH	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	State District	Disbursement/Obligation For
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For
B. Full Name (Last, First, Middle Initial) of Payee JA COMMUNICATIONS		Date of Disbursement or Obligation 10 29 2004	
Mailing Address of Payee 4739 UTICA ST STE 104		Amount 492.50	
City METairie	State LA	Zip Code 70006	Communication Date 10 28 2004
Name of Employer Occupation			
Purpose of Disbursement (including title(s) of communication(s)) MEDIA BUY "I BELIEVE"			
Name of Federal Candidate GEORGE W. BUSH	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	State District	Disbursement/Obligation For
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For
SUBTOTAL of Disbursements/Obligations This Page (optional)		20000.00	
TOTAL This Period (last page has line number only) <small>(carry total from last page in Line 10)</small>			

SCHEDULE 9-B

PAGE 12 OF 12

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <u>U.S. POSTAL SERVICE</u>		Date of Disbursement or Obligation <u>10 21 2004</u>	
Mailing Address of Payee <u>701 LOYOLA AVE</u>		Amount <u>13.65</u>	
City <u>NEW ORLEANS LA</u>	State <u>LA</u>	Zip Code <u>70113</u>	Communication Date
Name of Employer 		Occupation 	
Purpose of Disbursement (including type(s) of communication(s)) <u>POSTAGE</u>			
Name of Federal Candidate <u>GEORGE W. BUSH</u>	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State 	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 	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 	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
B. Full Name (Last, First, Middle Initial) of Payee 		Date of Disbursement or Obligation 	
Mailing Address of Payee 		Amount 	
City 	State 	Zip Code 	Communication Date
Name of Employer 		Occupation 	
Purpose of Disbursement (including type(s) of communication(s)) 			
Name of Federal Candidate 	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State 	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 	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 	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional)		<u>13.65</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line "D")		<u>68,528.84</u>	

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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