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

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

Date & Time: 10/22/2004 6:29:11 PM  
 Pages: 4/4  
 Re: Swift Boat Amendment

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# FEC FORM 9

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

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

(a) Name: Swift Boat Vets and POW's for Truth

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

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

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number**  
C

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

**4. Covering Period** 10/15/2004 through 10/21/2004

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**5. (a) Date of Public Distribution(s)** 10/22/2004 **(b) Communication Title** None Given By Truth and Seeking To Lie!

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**6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?** Yes  No

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

**8. Custodian of Records**

(a) Name: Weymouth D. Symmes

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

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

(d) Name of Employer or Principal Place of Business: Retired

(e) Occupation: Retired

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**9. Total Donations This Statement** 3,320,475.00

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**10. Total Disbursements/Obligations This Statement** 3,415,971.45

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 10/21/2004

(NOTE: Submission of this statement to the Commission constitutes certification by the person signing the statement to the penalties of U.S.C. §4976.

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

PAGE 2 OF 100

**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name Rear Admiral Roy Huffman, USN (Ret.)	(e) Occupation Retired
	(b) Address (number and street) P.O. Box 26184	
	(c) City, State and ZIP Code Alexandria, VA 22313	
	(d) Name of Employer or Principal Place of Business Retired	
<b>B.</b>	(a) Name John O'neil	(e) Occupation Attorney
	(b) Address (number and street) P.O. Box 26184	
	(c) City, State and ZIP Code Alexandria, VA 22313	
	(d) Name of Employer or Principal Place of Business Clements O'Neill Pierce	
<b>C.</b>	(a) Name Alvin A. Home	(e) Occupation Attorney
	(b) Address (number and street) P.O. Box 26184	
	(c) City, State and ZIP Code Alexandria, VA 22313	
	(d) Name of Employer or Principal Place of Business Self Employed	
<b>D.</b>	(a) Name Weymouth D. Symmes	(e) Occupation Retired
	(b) Address (number and street) P.O. Box 26184	
	(c) City, State and ZIP Code Alexandria, VA 22313	
	(d) Name of Employer or Principal Place of Business Retired	
<b>E.</b>	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

SCHEDULE 9-A  
Donation(s) Received

<p>A. Full Name of Donor <b>david addis</b></p> <p>Mailing Address of Donor <b>9716 arnon chapel rd</b></p> <p>City State Zip <b>great falls VA 22066</b></p>	<p>Date of Receipt <b>10 12 2004</b></p> <p>Amount <b>100000</b></p>
<p>B. Full Name of Donor <b>david addis</b></p> <p>Mailing Address of Donor <b>9716 arnon chapel road</b></p> <p>City State Zip <b>great falls VA 22066</b></p>	<p>Date of Receipt <b>08 27 2004</b></p> <p>Amount <b>25000</b></p>
<p>C. Full Name of Donor <b>david addis</b></p> <p>Mailing Address of Donor <b>9716 arnon chapel road</b></p> <p>City State Zip <b>great falls VA 22066</b></p>	<p>Date of Receipt <b>10 04 2004</b></p> <p>Amount <b>50000</b></p>
<p>D. Full Name of Donor <b>William Augustin</b></p> <p>Mailing Address of Donor <b>516 N Military St</b></p> <p>City State Zip <b>Loretto TN 38469</b></p>	<p>Date of Receipt <b>10 20 2004</b></p> <p>Amount <b>200000</b></p>
<p>E. Full Name of Donor <b>John Barber</b></p> <p>Mailing Address of Donor <b>4905 Hackberry Lane</b></p> <p>City State Zip <b>Parker TX 75002</b></p>	<p>Date of Receipt <b>10 18 2004</b></p> <p>Amount <b>50000</b></p>
<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p><b>425000</b></p>
<p>TOTAL This Period (last page this line number only) .....</p> <p>(carry total from last page to Line 8)</p>	<p><b>425000</b></p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b>  <b>Stanley H. Beck</b></p> <p>Mailing Address of Donor:  <b>656 E Hallandale Beach Bl</b></p> <p>City State Zip  <b>Hallandale Beach FL 33009</b></p>	<p>Date of Receipt  <b>10/18/2004</b></p> <p>Amount  <b>2500000</b></p>
<p><b>B. Full Name of Donor</b>  <b>Elizabeth Beckman</b></p> <p>Mailing Address of Donor:  <b>435 Cedar Ave S</b></p> <p>City State Zip  <b>Renton WA 98055</b></p>	<p>Date of Receipt  <b>10/20/2004</b></p> <p>Amount  <b>1000000</b></p>
<p><b>C. Full Name of Donor</b>  <b>Lawrence Blatterein</b></p> <p>Mailing Address of Donor:  <b>15 Walton Court</b></p> <p>City State Zip  <b>Belle Mead NJ 08502</b></p>	<p>Date of Receipt  <b>10/15/2004</b></p> <p>Amount  <b>1000000</b></p>
<p><b>D. Full Name of Donor</b>  <b>Kenneth Bohringer</b></p> <p>Mailing Address of Donor:  <b>10 Kensington Road</b></p> <p>City State Zip  <b>Ardsley NY 10502</b></p>	<p>Date of Receipt  <b>10/20/2004</b></p> <p>Amount  <b>25000</b></p>
<p><b>E. Full Name of Donor</b>  <b>Kenneth Bohringer</b></p> <p>Mailing Address of Donor:  <b>10 Kensington Road</b></p> <p>City State Zip  <b>Ardsley NY 10502</b></p>	<p>Date of Receipt  <b>10/08/2004</b></p> <p>Amount  <b>25000</b></p>

<p><b>SUBTOTAL of Donations This Page (optional) .....</b></p>	<p><b>5000000</b></p>
<p><b>TOTAL This Period (last page for line number only) .....</b>          (carry total from last page to line 9)</p>	<p><b>925000</b></p>

**SCHEDULE 3-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Kenneth Bohringer</p> <p>Mailing Address of Donor 10 Kensington Road</p> <p>City State Zip Ardsley NY 10502</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 25000</p>
<p><b>B. Full Name of Donor</b> Kenneth Bohringer</p> <p>Mailing Address of Donor 10 Kensington Road</p> <p>City State Zip Ardsley NY 10502</p>	<p>Date of Receipt 09 11 2004</p> <p>Amount 25000</p>
<p><b>C. Full Name of Donor</b> James Boldebook</p> <p>Mailing Address of Donor PO Box 1249</p> <p>City State Zip Venice FL 34284</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 50000</p>
<p><b>D. Full Name of Donor</b> James Boldebook</p> <p>Mailing Address of Donor PO Box 1249</p> <p>City State Zip Venice FL 34284</p>	<p>Date of Receipt 08 12 2004</p> <p>Amount 10000</p>
<p><b>E. Full Name of Donor</b> James Boldebook</p> <p>Mailing Address of Donor PO Box 1249</p> <p>City State Zip Venice FL 34284</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 25000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>135000</p>
<p>TOTAL This Period (last page this line number only) ▶ (only total from last page to this 9)</p>	<p>1060000</p>

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

<p>A. Full Name of Donor  <b>James Boldebook</b></p> <p>Mailing Address of Donor  <b>PO Box 1249</b></p> <p>City State Zip  <b>Venice FL 34284</b></p>	<p>Date of Receipt                  08/08/2004</p> <p>Amount                  26000</p>
<p>B. Full Name of Donor  <b>James Boldebook</b></p> <p>Mailing Address of Donor  <b>PO Box 1249</b></p> <p>City State Zip  <b>Venice FL 34284</b></p>	<p>Date of Receipt                  08/21/2004</p> <p>Amount                  25000</p>
<p>C. Full Name of Donor  <b>Greg Boll</b></p> <p>Mailing Address of Donor  <b>2720 Coach House Lane</b></p> <p>City State Zip  <b>Naples FL 34105</b></p>	<p>Date of Receipt                  10/21/2004</p> <p>Amount                  50000</p>
<p>D. Full Name of Donor  <b>Greg Boll</b></p> <p>Mailing Address of Donor  <b>2720 Coach House Lane</b></p> <p>City State Zip  <b>Naples FL 34105</b></p>	<p>Date of Receipt                  08/24/2004</p> <p>Amount                  50000</p>
<p>E. Full Name of Donor  <b>Charles Barquist</b></p> <p>Mailing Address of Donor  <b>1717 NW Gregory Dr</b></p> <p>City State Zip  <b>Vancouver WA 98665</b></p>	<p>Date of Receipt                  10/22/2004</p> <p>Amount                  100000</p>
<p>AGGREGATE of Donations This Page (optional) ▶</p> <p>TOTAL This Period (see page 9a line number only) ▶                  (carry total from last page to Line 9f)</p>	<p>250000</p> <p>1310000</p>

SCHEDULE B-A

Donation(s) Received

<p>A. Full Name of Donor <b>Mark Brenneck</b></p> <p>Mailing Address of Donor <b>6 Christopher Drive</b></p> <p>City State Zip <b>Phila PA 19115</b></p>	<p>Date of Receipt <b>10 19 2004</b></p> <p>Amount <b>1 000 00</b></p>
<p>B. Full Name of Donor <b>Greg Brown</b></p> <p>Mailing Address of Donor <b>11921 Grandview</b></p> <p>City State Zip <b>Columbus IN 47201</b></p>	<p>Date of Receipt <b>10 19 2004</b></p> <p>Amount <b>5 000 00</b></p>
<p>C. Full Name of Donor <b>Walter Buckley</b></p> <p>Mailing Address of Donor <b>1635 Country Rd</b></p> <p>City State Zip <b>Bethlehem PA 18015</b></p>	<p>Date of Receipt <b>10 25 2004</b></p> <p>Amount <b>1 000 00</b></p>
<p>D. Full Name of Donor <b>William Burchenal, Jr.</b></p> <p>Mailing Address of Donor <b>10533 Big Canoe</b></p> <p>City State Zip <b>Big Canoe GA 30143</b></p>	<p>Date of Receipt <b>10 19 2004</b></p> <p>Amount <b>2 500 00</b></p>
<p>E. Full Name of Donor <b>Robert Burchfield</b></p> <p>Mailing Address of Donor <b>881 Wilderness Lane</b></p> <p>City State Zip <b>Greenwood IN 46142</b></p>	<p>Date of Receipt <b>10 21 2004</b></p> <p>Amount <b>1 000 00</b></p>
<p>SUBTOTAL of Donations This Page (optional) .....&gt;</p> <p>TOTAL This Period (add page this line number only) .....&gt; (carry over from last page to Line 9)</p>	<p><b>6 000 00</b></p> <p><b>1 910 00</b></p>



SCHEDULE 9-A  
Donation(s) Received

<p>A. Full Name of Donor <b>Jackie Byerly</b></p> <p>Mailing Address of Donor <b>4966 Lapis Lane</b></p> <p>City State Zip <b>Pleasanton CA 94566</b></p>	<p>Date of Receipt <b>10/19/2004</b></p> <p>Amount <b>50000</b></p>
<p>B. Full Name of Donor <b>Jackie Byerly</b></p> <p>Mailing Address of Donor <b>4966 Lapis Lane</b></p> <p>City State Zip <b>Pleasanton CA 94566</b></p>	<p>Date of Receipt <b>08/24/2004</b></p> <p>Amount <b>50000</b></p>
<p>C. Full Name of Donor <b>Brett Byers</b></p> <p>Mailing Address of Donor <b>440 Davis Court, #1802</b></p> <p>City State Zip <b>San Francisco CA 94111</b></p>	<p>Date of Receipt <b>10/15/2004</b></p> <p>Amount <b>25000</b></p>
<p>D. Full Name of Donor <b>James Carlson</b></p> <p>Mailing Address of Donor <b>10334 151st Ave. SE</b></p> <p>City State Zip <b>Renton WA 98059</b></p>	<p>Date of Receipt <b>09/28/2004</b></p> <p>Amount <b>30000</b></p>
<p>E. Full Name of Donor <b>James F. Carlson</b></p> <p>Mailing Address of Donor <b>10334 151st Ave SE</b></p> <p>City State Zip <b>Renton WA 98059</b></p>	<p>Date of Receipt <b>10/15/2004</b></p> <p>Amount <b>50000</b></p>
<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p><b>205000</b></p>
<p>TOTAL This Period (last page this line number only) .....</p> <p>(carry total from last page to line 9)</p>	<p><b>2115000</b></p>

**SCHEDULE 3-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> <b>James F. Carlson</b></p> <p>Mailing Address of Donor <b>10334 151st Ave SE</b></p> <p>City State Zip <b>Renton WA 98059</b></p>	<p>Date of Receipt 09/02/2004</p> <p>Amount 20000</p>
<p><b>B. Full Name of Donor</b> <b>Leighton Causey</b></p> <p>Mailing Address of Donor <b>100 Darden Dr</b></p> <p>City State Zip <b>Poquoson VA 23662</b></p>	<p>Date of Receipt 10/15/2004</p> <p>Amount 50000</p>
<p><b>C. Full Name of Donor</b> <b>Leighton Causey</b></p> <p>Mailing Address of Donor <b>100 Darden Dr.</b></p> <p>City State Zip <b>Poquoson VA 23662</b></p>	<p>Date of Receipt 08/31/2004</p> <p>Amount 50000</p>
<p><b>D. Full Name of Donor</b> <b>James Chisholm</b></p> <p>Mailing Address of Donor <b>8304 W. Parkland Ct.</b></p> <p>City State Zip <b>Milwaukee WI 53223</b></p>	<p>Date of Receipt 10/15/2004</p> <p>Amount 50000</p>
<p><b>E. Full Name of Donor</b> <b>James Chisholm</b></p> <p>Mailing Address of Donor <b>8304 W. Parkland Ct.</b></p> <p>City State Zip <b>Milwaukee WI 53223</b></p>	<p>Date of Receipt 08/27/2004</p> <p>Amount 50000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ..... <b>220000</b></p> <p><b>TOTAL This Period (last page this line number only)</b> ..... <b>2335000</b> (carry total from last page to Line 5)</p>	

**SCHEDULE 3-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> <b>Ashley Classen</b></p> <p>Mailing Address of Donor <b>PO Box 9290</b></p> <p>City State Zip <b>Fort Worth TX 76147</b></p>	<p>Date of Receipt <b>10/18/2004</b></p> <p>Amount <b>50000</b></p>
<p><b>B. Full Name of Donor</b> <b>A M Clayton III</b></p> <p>Mailing Address of Donor <b>14 Burwick</b></p> <p>City State Zip <b>Sugar Land TX 77479</b></p>	<p>Date of Receipt <b>10/18/2004</b></p> <p>Amount <b>100000</b></p>
<p><b>C. Full Name of Donor</b> <b>A M Clayton III</b></p> <p>Mailing Address of Donor <b>14 Burwick</b></p> <p>City State Zip <b>Sugar Land TX 77479</b></p>	<p>Date of Receipt <b>10/22/2004</b></p> <p>Amount <b>100000</b></p>
<p><b>D. Full Name of Donor</b> <b>david clement</b></p> <p>Mailing Address of Donor <b>7 charles street #3</b></p> <p>City State Zip <b>new york NY 10014</b></p>	<p>Date of Receipt <b>10/18/2004</b></p> <p>Amount <b>50000</b></p>
<p><b>E. Full Name of Donor</b> <b>James Clyde</b></p> <p>Mailing Address of Donor <b>481 Sunset Blvd</b></p> <p>City State Zip <b>Mantoloking NJ 08738</b></p>	<p>Date of Receipt <b>10/18/2004</b></p> <p>Amount <b>100000</b></p>

<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	<p><b>310000</b></p>
<p><b>TOTAL (This Period (last page this line number only))</b> .....</p> <p>(carry total from last page to Line 9)</p>	<p><b>2645000</b></p>

SCHEDULE 9-A

Donation(s) Received

<p><b>A. Full Name of Donor</b> 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 12 2004</p> <p>Amount 5 000 00</p>
<p><b>B. Full Name of Donor</b> Edward Collins</p> <p>Mailing Address of Donor 1220 Jones St. Apt. 5</p> <p>City State Zip San Francisco CA 94109</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 5 000 00</p>
<p><b>C. Full Name of Donor</b> Edward Collins</p> <p>Mailing Address of Donor 1220 Jones St. Apt 5</p> <p>City State Zip San Francisco CA 94109</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 5 000 00</p>
<p><b>D. Full Name of Donor</b> L. Gordon Croft</p> <p>Mailing Address of Donor 7503 Club Rd</p> <p>City State Zip TOWSON MD 21204</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 5 000 00</p>
<p><b>E. Full Name of Donor</b> James Crooks</p> <p>Mailing Address of Donor 4181 Riverview Run Ct.</p> <p>City State Zip Suwanee GA 30024</p>	<p>Date of Receipt 10 18 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 (Just page five line number only) .....</p> <p>(carry total from last page to Line 5)</p>	<p>2 895 000</p>

SCHEDULE 9-A  
Donation(s) Received

<p>A. Full Name of Donor <b>Walter Cunningham</b></p> <p>Mailing Address of Donor <b>252 S. Forestview Ct.</b></p> <p>City State Zip <b>Wichita KS 67235</b></p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor <b>Walter Cunningham</b></p> <p>Mailing Address of Donor <b>252 S. Forestview Ct.</b></p> <p>City State Zip <b>Wichita KS 67235</b></p>	<p>Date of Receipt 10 23 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor <b>DOUGLAS CURTISS</b></p> <p>Mailing Address of Donor <b>116 MAIN STREET</b></p> <p>City State Zip <b>farmington CT 06032</b></p>	<p>Date of Receipt 11 07 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p>D. Full Name of Donor <b>DOUGLAS CURTISS</b></p> <p>Mailing Address of Donor <b>116 MAIN STREET</b></p> <p>City State Zip <b>FARMINGTON CT 06032</b></p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor <b>Harry Dahlstrom</b></p> <p>Mailing Address of Donor <b>155 Wilson Street</b></p> <p>City State Zip <b>Holliston MA 01746</b></p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ..... ▶ <b>5 1 0 0 0 0</b></p> <p>TOTAL This Period (last page this line number only) ..... ▶ <b>3 4 0 5 0 0 0</b> (carry total from last page to Line 9)</p>	

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

<p><b>A. Full Name of Donor</b> <b>Lon Deckard</b></p> <hr/> <p>Mailing Address of Donor <b>6725 Miralake Drive</b></p> <p>City State Zip <b>Cincinnati OH 45243</b></p>	<p>Date of Receipt 10 18 2004</p> <hr/> <p>Amount 50000</p>
<p><b>B. Full Name of Donor</b> <b>Lon Deckard</b></p> <hr/> <p>Mailing Address of Donor <b>6725 Miralake Drive</b></p> <p>City State Zip <b>Cincinnati OH 45243</b></p>	<p>Date of Receipt 08 12 2004</p> <hr/> <p>Amount 50000</p>
<p><b>C. Full Name of Donor</b> <b>Lon Deckard</b></p> <hr/> <p>Mailing Address of Donor <b>6725 Miralake Drive</b></p> <p>City State Zip <b>Cincinnati OH 45243</b></p>	<p>Date of Receipt 09 02 2004</p> <hr/> <p>Amount 100000</p>
<p><b>D. Full Name of Donor</b> <b>David deForrest</b></p> <hr/> <p>Mailing Address of Donor <b>1870 Cleveland Road</b></p> <p>City State Zip <b>Miami Beach FL 33141</b></p>	<p>Date of Receipt 10 18 2004</p> <hr/> <p>Amount 25000</p>
<p><b>E. Full Name of Donor</b> <b>Michael DeSimone</b></p> <hr/> <p>Mailing Address of Donor <b>75 Village Road, Apt. #1</b></p> <p>City State Zip <b>Woonsocket RI 02895</b></p>	<p>Date of Receipt 10 18 2004</p> <hr/> <p>Amount 100000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p> <hr/> <p><b>TOTAL This Period (last page five line number only)</b> .....</p> <p>(carry total from last page to line 9)</p>	<p>235000</p> <hr/> <p>3640000</p>

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

<p><b>A. Full Name of Donor</b> Steven Diehl</p> <p><b>Mailing Address of Donor</b> 20311 Parkwood Court</p> <p>City State Zip Hagerstown MD 21742</p>	<p><b>Date of Receipt</b> 10/18/2004</p> <p><b>Amount</b> 50000</p>
<p><b>B. Full Name of Donor</b> Steven Diehl</p> <p><b>Mailing Address of Donor</b> 20311 Parkwood Court</p> <p>City State Zip Hagerstown MD 21742</p>	<p><b>Date of Receipt</b> 10/18/2004</p> <p><b>Amount</b> 50000</p>
<p><b>C. Full Name of Donor</b> robert d dingeman</p> <p><b>Mailing Address of Donor</b> 664 aspen hts drive</p> <p>City State Zip fairbanks AK 99712</p>	<p><b>Date of Receipt</b> 10/18/2004</p> <p><b>Amount</b> 25000</p>
<p><b>D. Full Name of Donor</b> Richard A. Disarro</p> <p><b>Mailing Address of Donor</b> PO Box 9149</p> <p>City State Zip Schenectady NY 12309</p>	<p><b>Date of Receipt</b> 10/18/2004</p> <p><b>Amount</b> 100000</p>
<p><b>E. Full Name of Donor</b> Richard A Disarro</p> <p><b>Mailing Address of Donor</b> PO Box 9149</p> <p>City State Zip Schenectady NY 12309</p>	<p><b>Date of Receipt</b> 09/24/2004</p> <p><b>Amount</b> 50000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b></p>	<p>275000</p>
<p><b>TOTAL This Period (use page five line number only)</b> (carry total from last page to Line 9)</p>	<p>3915000</p>

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

<p><b>A. Full Name of Donor</b> <b>Greg Dodds</b></p> <p>Mailing Address of Donor <b>31 Whitcomb Drive</b></p> <p>City State Zip <b>Grosse Pointe Farms MI 48236</b></p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> <b>John Doherty</b></p> <p>Mailing Address of Donor <b>21 Pinehurst St</b></p> <p>City State Zip <b>Rosindale MA 02131</b></p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> <b>James Douglass</b></p> <p>Mailing Address of Donor <b>315 Old Mill Road</b></p> <p>City State Zip <b>Pittsburgh PA 15238</b></p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> <b>Frank Drake</b></p> <p>Mailing Address of Donor <b>1108 Hunt Ave</b></p> <p>City State Zip <b>Lakeland FL 33801</b></p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> <b>David Drinan</b></p> <p>Mailing Address of Donor <b>38 Frew Terrace</b></p> <p>City State Zip <b>Enfield CT 06082</b></p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 5 0 0 0 0 0</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 2)</p>	<p>4 0 0 0 0 0</p> <p>4 3 1 5 0 0 0</p>



SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor <b>Brian Duncan</b></p> <p>Mailing Address of Donor <b>2332 Evergreen St.</b></p> <p>City State Zip <b>Pampa TX 79065</b></p>	<p>Date of Receipt <b>10 18 2004</b></p> <p>Amount <b>25000</b></p>
<p>B. Full Name of Donor <b>Brian Duncan</b></p> <p>Mailing Address of Donor <b>2332 Evergreen St.</b></p> <p>City State Zip <b>Pampa TX 79065</b></p>	<p>Date of Receipt <b>08 20 2004</b></p> <p>Amount <b>25000</b></p>
<p>C. Full Name of Donor <b>Brian Duncan</b></p> <p>Mailing Address of Donor <b>2332 Evergreen St.</b></p> <p>City State Zip <b>Pampa TX 79065</b></p>	<p>Date of Receipt <b>08 09 2004</b></p> <p>Amount <b>25000</b></p>
<p>D. Full Name of Donor <b>Brian Duncan</b></p> <p>Mailing Address of Donor <b>2332 Evergreen St.</b></p> <p>City State Zip <b>Pampa TX 79065</b></p>	<p>Date of Receipt <b>08 21 2004</b></p> <p>Amount <b>25000</b></p>
<p>E. Full Name of Donor <b>Brian Duncan</b></p> <p>Mailing Address of Donor <b>2332 Evergreen St.</b></p> <p>City State Zip <b>Pampa TX 79065</b></p>	<p>Date of Receipt <b>10 05 2004</b></p> <p>Amount <b>10000</b></p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p><b>110000</b></p>
<p>TOTAL This Period (last page this line number only) ..... (carry total from last page to line 9)</p>	<p><b>4425000</b></p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor <b>Michael Dunmire</b></p> <p>Mailing Address of Donor <b>15610 NE 173rd St</b></p> <p>City State Zip <b>Woodinville WA 98072</b></p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor <b>Charles N. Eckert</b></p> <p>Mailing Address of Donor <b>1248 Continental Ave</b></p> <p>City State Zip <b>Melbourne FL 32940</b></p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor <b>Dave Erickson</b></p> <p>Mailing Address of Donor <b>2027 Narrows View Cr NW, E-141</b></p> <p>City State Zip <b>Gig Harbor WA 98335</b></p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 1 000 00</p>
<p>D. Full Name of Donor <b>Katherine Ernst</b></p> <p>Mailing Address of Donor <b>4500 Viejo Road</b></p> <p>City State Zip <b>Carmel CA 93923</b></p>	<p>Date of Receipt 10 29 2004</p> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor <b>Jason Falk</b></p> <p>Mailing Address of Donor <b>1300 E GATLIN CREEK</b></p> <p>City State Zip <b>Driftwood TX 78619</b></p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 5 000 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 B)</p>	<p>4 775 00</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Jason Falk</p> <p><b>Mailing Address of Donor</b> 1300 E GATLIN CREEK</p> <p>City: Driftwood State: TX Zip: 78619</p>	<p><b>Date of Receipt</b> 00 29 2004</p> <p><b>Amount</b> 50000</p>
<p><b>B. Full Name of Donor</b> Thomas Farrier</p> <p><b>Mailing Address of Donor</b> 3749 Hollow Creek Road</p> <p>City: Fort Worth State: TX Zip: 76001</p>	<p><b>Date of Receipt</b> 10 17 2004</p> <p><b>Amount</b> 100000</p>
<p><b>C. Full Name of Donor</b> Thomas Farrier</p> <p><b>Mailing Address of Donor</b> 3749 Hollow Creek Road</p> <p>City: Arlington State: TX Zip: 76001</p>	<p><b>Date of Receipt</b> 00 19 2004</p> <p><b>Amount</b> 50000</p>
<p><b>D. Full Name of Donor</b> Thomas Farrier</p> <p><b>Mailing Address of Donor</b> 3749 Hollow Creek Road</p> <p>City: Arlington State: TX Zip: 76001</p>	<p><b>Date of Receipt</b> 09 08 2004</p> <p><b>Amount</b> 50000</p>
<p><b>E. Full Name of Donor</b> Michael Fedak</p> <p><b>Mailing Address of Donor</b> 655 Park Avenue</p> <p>City: New York State: NY Zip: 10021</p>	<p><b>Date of Receipt</b> 10 16 2004</p> <p><b>Amount</b> 250000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	<p><b>410000</b></p>
<p><b>TOTAL This Period (last page has line number only)</b> .....</p> <p>(carry over from last page to Line 8)</p>	<p><b>5185000</b></p>

SCHEDULE 9-A  
Donation(s) Received

<p>A. Full Name of Donor <b>Pamala Ferron</b></p> <p>Mailing Address of Donor <b>4725 Marlborough Way</b></p> <p>City State Zip <b>Carmichael CA 95608</b></p>	<p>Date of Receipt <b>10 04 2004</b></p> <p>Amount <b>100000</b></p>
<p>B. Full Name of Donor <b>JAMES FINEFROCK</b></p> <p>Mailing Address of Donor <b>PO BOX 4208</b></p> <p>City State Zip <b>DAYTON OH 45401</b></p>	<p>Date of Receipt <b>09 08 2004</b></p> <p>Amount <b>50000</b></p>
<p>C. Full Name of Donor <b>JAMES L FINEFROCK</b></p> <p>Mailing Address of Donor <b>PO BOX 4208</b></p> <p>City State Zip <b>DAYTON OH 45401</b></p>	<p>Date of Receipt <b>05 07 2004</b></p> <p>Amount <b>10000</b></p>
<p>D. Full Name of Donor <b>JAMES L FINEFROCK</b></p> <p>Mailing Address of Donor <b>PO BOX 4208</b></p> <p>City State Zip <b>DAYTON OH 45401</b></p>	<p>Date of Receipt <b>08 18 2004</b></p> <p>Amount <b>10000</b></p>
<p>E. Full Name of Donor <b>JAMES L. FINEFROCK</b></p> <p>Mailing Address of Donor <b>PO BOX 4208</b></p> <p>City State Zip <b>Dayton OH 45401</b></p>	<p>Date of Receipt <b>10 19 2004</b></p> <p>Amount <b>50000</b></p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p><b>220000</b></p>
<p>TOTAL This Period (last page this line number only) .....</p> <p>(carry total from last page to Line 9)</p>	<p><b>5405000</b></p>

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

<p><b>A. Full Name of Donor</b> richard fuisz</p> <p>Mailing Address of Donor 1127 langley lane</p> <p>City State Zip mclean VA 22101</p>	<p>Date of Receipt 10/19/2004</p> <p>Amount 25000</p>
<p><b>B. Full Name of Donor</b> Joseph Furlong</p> <p>Mailing Address of Donor 5759 Diamond Point Circle</p> <p>City State Zip El Paso TX 79912</p>	<p>Date of Receipt 10/18/2006</p> <p>Amount 50000</p>
<p><b>C. Full Name of Donor</b> Joseph Furlong</p> <p>Mailing Address of Donor 5759 Diamond Point Circle</p> <p>City State Zip El Paso TX 79912</p>	<p>Date of Receipt 08/10/2004</p> <p>Amount 25000</p>
<p><b>D. Full Name of Donor</b> Joseph Furlong</p> <p>Mailing Address of Donor 5759 Diamond Point Circle</p> <p>City State Zip El Paso TX 79912</p>	<p>Date of Receipt 08/29/2004</p> <p>Amount 50000</p>
<p><b>E. Full Name of Donor</b> RAGNVALD GABRIELSEN</p> <p>Mailing Address of Donor 8727 Pasture View</p> <p>City State Zip Houston TX 77024</p>	<p>Date of Receipt 10/16/2004</p> <p>Amount 50000</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>200000</p> <p>5605000</p>

**SCHEDULE 3-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b>  <b>Ragnvald Gabrielsen</b></p> <p>Mailing Address of Donor  <b>8727 Pasture View</b></p> <p>City State Zip  <b>Houston TX 77024</b></p>	<p><b>Date of Receipt</b>                  10 04 2004</p> <p><b>Amount</b>                  50000</p>
<p><b>B. Full Name of Donor</b>  <b>Arthur Gara</b></p> <p>Mailing Address of Donor  <b>3730 S 59th Ave</b></p> <p>City State Zip  <b>Cicero IL 60804</b></p>	<p><b>Date of Receipt</b>                  10 15 2004</p> <p><b>Amount</b>                  50000</p>
<p><b>C. Full Name of Donor</b>  <b>Arthur Gara</b></p> <p>Mailing Address of Donor  <b>3730 So 59th Ave</b></p> <p>City State Zip  <b>Cicero IL 60804</b></p>	<p><b>Date of Receipt</b>                  08 25 2004</p> <p><b>Amount</b>                  50000</p>
<p><b>D. Full Name of Donor</b>  <b>Michael Gardner</b></p> <p>Mailing Address of Donor  <b>16067 State Route 12 east</b></p> <p>City State Zip  <b>Findlay OH 45840</b></p>	<p><b>Date of Receipt</b>                  10 19 2004</p> <p><b>Amount</b>                  250000</p>
<p><b>E. Full Name of Donor</b>  <b>Jan Garmany</b></p> <p>Mailing Address of Donor  <b>2520 Quarry Road #206</b></p> <p>City State Zip  <b>Austin TX 78703</b></p>	<p><b>Date of Receipt</b>                  10 19 2004</p> <p><b>Amount</b>                  50000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p>	<p><b>450000</b></p>
<p><b>TOTAL This Period (last page this line number only)</b> ▶                  (carry total from last page to Line 8)</p>	<p><b>6055000</b></p>

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor

Jan Garmany

Mailing Address of Donor

2520 Quarry Road #206

City

Austin

State

TX

Zip

78703

Date of Receipt

09 10 2004

Amount

1 000 00

B. Full Name of Donor

Jan Garmany

Mailing Address of Donor

2520 Quarry Road #206

City

Austin

State

TX

Zip

78703

Date of Receipt

08 31 2004

Amount

5 000 00

C. Full Name of Donor

Mike Gerawan

Mailing Address of Donor

21249 E. Jefferson

City

Reedley

State

CA

Zip

93654

Date of Receipt

10 15 2004

Amount

2 500 00

D. Full Name of Donor

Mike Gerawan

Mailing Address of Donor

21249 E. Jefferson

City

Reedley

State

CA

Zip

93654

Date of Receipt

10 15 2004

Amount

1 000 00

E. Full Name of Donor

Mike Gerawan

Mailing Address of Donor

21249 E. Jefferson

City

Reedley

State

CA

Zip

93654

Date of Receipt

10 15 2004

Amount

5 000 00

SUBTOTAL of Donations This Page (optional)

4 500 00

TOTAL The Period (last page this line number only)  
(carry total from last page to Line 9)

6 500 00

SCHEDULE 9-A  
Donation(s) Received

<p>A. Full Name of Donor <b>Mike Gerawan</b></p> <p>Mailing Address of Donor <b>21249 E. Jefferson</b></p> <p>City State Zip <b>Reedley CA 93654</b></p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 250000</p>
<p>B. Full Name of Donor <b>Jane Gilday</b></p> <p>Mailing Address of Donor <b>3232 McKinney Ave, 15th Fl</b></p> <p>City State Zip <b>Dallas TX 75204</b></p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 500000</p>
<p>C. Full Name of Donor <b>Jane Gilday</b></p> <p>Mailing Address of Donor <b>3232 McKinney Ave, 15th Fl</b></p> <p>City State Zip <b>Dallas TX 75204</b></p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 500000</p>
<p>D. Full Name of Donor <b>Gary Goedecke</b></p> <p>Mailing Address of Donor <b>128 - 224th Street SE</b></p> <p>City State Zip <b>Bothell WA 98021</b></p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 250000</p>
<p>E. Full Name of Donor <b>Gary Goedecke</b></p> <p>Mailing Address of Donor <b>128 - 224th Street SE</b></p> <p>City State Zip <b>Bothell WA 98021</b></p>	<p>Date of Receipt 10 21 2004</p> <p>Amount 250000</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>400000</p>
<p>TOTAL This Period (last page this line number only) .....</p> <p>(carry total from last page to Line 5)</p>	<p>6915000</p>



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

<p><b>A. Full Name of Donor</b> Gary Goedecke</p> <p>Mailing Address of Donor 128 - 224th Street SE</p> <p>City State Zip Bothell WA 98021</p>	<p>Date of Receipt 08 05 2006</p> <p>Amount 25000</p>
<p><b>B. Full Name of Donor</b> Gary Goedecke</p> <p>Mailing Address of Donor 128 - 224th Street SE</p> <p>City State Zip Bothell WA 98021</p>	<p>Date of Receipt 08 11 2006</p> <p>Amount 25000</p>
<p><b>C. Full Name of Donor</b> Gary Goedecke</p> <p>Mailing Address of Donor 128 - 224th Street SE</p> <p>City State Zip Bothell WA 98021</p>	<p>Date of Receipt 08 26 2006</p> <p>Amount 25000</p>
<p><b>D. Full Name of Donor</b> Gary Goedecke</p> <p>Mailing Address of Donor 128 - 224th Street SE</p> <p>City State Zip Bothell WA 98021</p>	<p>Date of Receipt 09 29 2006</p> <p>Amount 25000</p>
<p><b>E. Full Name of Donor</b> jeffrey golding</p> <p>Mailing Address of Donor po box 78708</p> <p>City State Zip charlotte NC 28277</p>	<p>Date of Receipt 10 18 2006</p> <p>Amount 50000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p> <p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page to line 9)</p>	<p>150000</p> <p>7065000</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Fred Goldman</p> <p>Mailing Address of Donor 6911 Westchester Cir.,</p> <p>City State Zip Bradenton FL 34202</p>	<p>Date of Receipt 10 - 19 - 2004</p> <p>Amount 50000</p>
<p><b>B. Full Name of Donor</b> 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 - 19 - 2004</p> <p>Amount 25000</p>
<p><b>C. Full Name of Donor</b> paul gordon</p> <p>Mailing Address of Donor 9001 fernwood rd</p> <p>City State Zip bethesda MD 20817</p>	<p>Date of Receipt 09 - 24 - 2004</p> <p>Amount 25000</p>
<p><b>D. Full Name of Donor</b> 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 - 04 - 2004</p> <p>Amount 25000</p>
<p><b>E. Full Name of Donor</b> 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 - 11 - 2004</p> <p>Amount 25000</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>150000</p>
<p>TOTAL This Period (last page has line number only) .....</p> <p>(copy total from last page to Line 9)</p>	<p>7215000</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> <b>James Graves</b></p> <p>Mailing Address of Donor <b>3913 Centenary</b></p> <p>City State Zip <b>Dallas TX 75225</b></p>	<p>Date of Receipt <b>10 18 2004</b></p> <p>Amount <b>5 000 00</b></p>
<p><b>B. Full Name of Donor</b> <b>SONIA GRINBERG</b></p> <p>Mailing Address of Donor <b>101 CENTRAL PARK WEST</b></p> <p>City State Zip <b>NEW YORK NY 10023</b></p>	<p>Date of Receipt <b>10 18 2004</b></p> <p>Amount <b>2 500 00</b></p>
<p><b>C. Full Name of Donor</b> <b>SONIA GRINBERG</b></p> <p>Mailing Address of Donor <b>101 CENTRAL PARK WEST</b></p> <p>City State Zip <b>NEW YORK NY 10023</b></p>	<p>Date of Receipt <b>10 18 2004</b></p> <p>Amount <b>2 500 00</b></p>
<p><b>D. Full Name of Donor</b> <b>SONIA GRINBERG</b></p> <p>Mailing Address of Donor <b>101 CENTRAL PARK WEST</b></p> <p>City State Zip <b>NEW YORK NY 10023</b></p>	<p>Date of Receipt <b>10 18 2004</b></p> <p>Amount <b>5 000 00</b></p>
<p><b>E. Full Name of Donor</b> <b>Bill Gross</b></p> <p>Mailing Address of Donor <b>125 Mansion Road</b></p> <p>City State Zip <b>Elverson PA 19520</b></p>	<p>Date of Receipt <b>10 19 2004</b></p> <p>Amount <b>5 000 00</b></p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p><b>2 000 00</b></p>
<p>TOTAL This Period (last page this line number only) .....</p> <p>(carry total from last page to 1310 E)</p>	<p><b>7 415 00</b></p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Richard Guillot</p> <p>Mailing Address of Donor 71107 Highway 21, Suite#3</p> <p>City State Zip Covington LA 70433</p>	<p>Date of Receipt 10/19/2004</p> <p>Amount 2,500.00</p>
<p><b>B. Full Name of Donor</b> Richard Guillot</p> <p>Mailing Address of Donor 71107 Highway 21, Suite #3</p> <p>City State Zip Covington LA 70433</p>	<p>Date of Receipt 09/25/2004</p> <p>Amount 2,500.00</p>
<p><b>C. Full Name of Donor</b> 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 09/26/2004</p> <p>Amount 5,000.00</p>
<p><b>D. Full Name of Donor</b> Tom 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 10/19/2004</p> <p>Amount 2,500.00</p>
<p><b>E. Full Name of Donor</b> Arlene Hallman</p> <p>Mailing Address of Donor 258 Stable Gate Drive</p> <p>City State Zip Campobello SC 29322</p>	<p>Date of Receipt 10/19/2004</p> <p>Amount 4,000.00</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b></p> <p><b>TOTAL This Period (don't page this number only)</b> (carry total from last page to Line 2)</p>	<p>2,250.00</p> <p>7,640.00</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> 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 18 2004</p> <p>Amount 25000</p>
<p><b>B. Full Name of Donor</b> 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 08 24 2004</p> <p>Amount 25000</p>
<p><b>C. Full Name of Donor</b> 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 08 02 2004</p> <p>Amount 25000</p>
<p><b>D. Full Name of Donor</b> 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 05 2004</p> <p>Amount 25000</p>
<p><b>E. Full Name of Donor</b> 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 18 2004</p> <p>Amount 100000</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>200000</p>
<p>TOTAL This Period (last page file line number only) .....</p> <p>(copy total from last page to Line 9)</p>	<p>7840000</p>

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

<p><b>A. Full Name of Donor</b> <b>Mike Harrington</b></p> <p>Mailing Address of Donor <b>108 Oakwood Place</b></p> <p>City State Zip <b>Lynchburg VA 24503</b></p>	<p>Date of Receipt <b>10 16 2004</b></p> <p>Amount <b>25000</b></p>
<p><b>B. Full Name of Donor</b> <b>Hale Harrison</b></p> <p>Mailing Address of Donor <b>1522 Teal Drive PO Box 1112</b></p> <p>City State Zip <b>Ocean City MD 21843</b></p>	<p>Date of Receipt <b>10 15 2004</b></p> <p>Amount <b>100000</b></p>
<p><b>C. Full Name of Donor</b> <b>Joanne Hart</b></p> <p>Mailing Address of Donor <b>600 Columbus Avenue, Apt 12J</b></p> <p>City State Zip <b>New York NY 10024</b></p>	<p>Date of Receipt <b>10 15 2004</b></p> <p>Amount <b>100000</b></p>
<p><b>D. Full Name of Donor</b> <b>Joanne Hart</b></p> <p>Mailing Address of Donor <b>600 Columbus Avenue 12J</b></p> <p>City State Zip <b>New York NY 10024</b></p>	<p>Date of Receipt <b>10 18 2004</b></p> <p>Amount <b>25000</b></p>
<p><b>E. Full Name of Donor</b> <b>Gordon Hartunian</b></p> <p>Mailing Address of Donor <b>5061 Commerce Rd</b></p> <p>City State Zip <b>Orchard Lake MI 48324</b></p>	<p>Date of Receipt <b>10 15 2004</b></p> <p>Amount <b>100000</b></p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	<p><b>260000</b></p>
<p><b>TOTAL This Period (last page has line number 049)</b> .....</p> <p>(carry total from last page to Line 9)</p>	<p><b>8100000</b></p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> 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 10 2004</p> <p>Amount 25000</p>
<p><b>B. Full Name of Donor</b> Frank Hawkins</p> <p>Mailing Address of Donor 204 Ocean Drive</p> <p>City State Zip Tavernier FL 33070</p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 10000</p>
<p><b>C. Full Name of Donor</b> Michael Hayes</p> <p>Mailing Address of Donor 14 Parman Place</p> <p>City State Zip San Antonio TX 78230</p>	<p>Date of Receipt 09 27 2004</p> <p>Amount 50000</p>
<p><b>D. Full Name of Donor</b> Mike Hayes</p> <p>Mailing Address of Donor 14 Parman Place</p> <p>City State Zip San Antonio TX 78230</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 50000</p>
<p><b>E. Full Name of Donor</b> William J. Hayes</p> <p>Mailing Address of Donor PO Box 25</p> <p>City State Zip West Barnstable MA 02668</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>\$ 325000</p>
<p>TOTAL This Period (last page this line number only) ▶ (copy total from last page to Line 9)</p>	<p>\$ 8425000</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> <b>MARK HEALY</b></p> <p>Mailing Address of Donor <b>207 BLACKJACK OAK</b></p> <p>City State Zip <b>SAN ANTONIO TX 78230</b></p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> <b>Kay Hedeen</b></p> <p>Mailing Address of Donor <b>218 North 14th Avenue</b></p> <p>City State Zip <b>Sturgeon Bay WI 54235</b></p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> <b>jeremy heister</b></p> <p>Mailing Address of Donor <b>112 madison avenue</b></p> <p>City State Zip <b>new york city NY 10016</b></p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> <b>jeremy heister</b></p> <p>Mailing Address of Donor <b>112 madison avenue</b></p> <p>City State Zip <b>new york city NY 10016</b></p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> <b>jeremy heister</b></p> <p>Mailing Address of Donor <b>112 madison avenue</b></p> <p>City State Zip <b>new york city NY 10016</b></p>	<p>Date of Receipt 10 01 2004</p> <p>Amount 2 5 0 0 0 0</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	<p>2 2 5 0 0 0</p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page in Line 9)</p>	<p>8 6 5 0 0 0 0</p>



**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> jeremy heisler</p> <p>Mailing Address of Donor 112 madison avenue</p> <p>City State Zip new york city NY 10016</p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 25000</p>
<p><b>B. Full Name of Donor</b> Jeffrey Heid</p> <p>Mailing Address of Donor 4119 Evergreen Dr</p> <p>City State Zip Fairfax VA 22032</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 50000</p>
<p><b>C. Full Name of Donor</b> Jeffrey Heid</p> <p>Mailing Address of Donor 4119 Evergreen Drive</p> <p>City State Zip Fairfax VA 22032</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 50000</p>
<p><b>D. Full Name of Donor</b> Sam Hertogs</p> <p>Mailing Address of Donor 1350 S Frontage Rd</p> <p>City State Zip Hastings MN 55033</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 100000</p>
<p><b>E. Full Name of Donor</b> 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 18 2004</p> <p>Amount 50000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ..... ▶ \$ 275000</p> <p><b>TOTAL This Period (last page has the number ONLY)</b> ..... ▶ \$ 8925000 (only total from last page to Line 9)</p>	

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Roy Hinman II</p> <p>Mailing Address of Donor 1099 A1A S.</p> <p>City State Zip St. Augustine FL 32080</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 100000</p>
<p><b>B. Full Name of Donor</b> Richard Hinson</p> <p>Mailing Address of Donor 250 Arrelon Rd</p> <p>City State Zip Princeton NJ 08540</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 100000</p>
<p><b>C. Full Name of Donor</b> Ron Holley</p> <p>Mailing Address of Donor 3807 Acworth Due West Rd NW</p> <p>City State Zip Acworth GA 30101</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 50000</p>
<p><b>D. Full Name of Donor</b> Ron Holley</p> <p>Mailing Address of Donor 3807 Alworth Due West Rd</p> <p>City State Zip Acworth GA 30101</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 25000</p>
<p><b>E. Full Name of Donor</b> Ron Holley</p> <p>Mailing Address of Donor 3807 Alworth Due W. Rd.</p> <p>City State Zip Acworth GA 30101</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 25000</p>
<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>300000</p>
<p>TOTAL This Period (Use page 010 line number only) .....</p> <p>(carry total from last page to line 9)</p>	<p>9225000</p>

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

<p><b>A. Full Name of Donor</b> <b>David P. Holloway</b></p> <hr/> <p>Mailing Address of Donor <b>1301 N Pope Lick Rd</b></p> <hr/> <p>City State Zip <b>Louisville KY 40299</b></p>	<p>Date of Receipt 10 18 2004</p> <hr/> <p>Amount 1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> <b>Thomas Holmes</b></p> <hr/> <p>Mailing Address of Donor <b>612 Juan Anasco Dr</b></p> <hr/> <p>City State Zip <b>Longboat Key FL 34228</b></p>	<p>Date of Receipt 10 18 2004</p> <hr/> <p>Amount 1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> <b>David Hopkins</b></p> <hr/> <p>Mailing Address of Donor <b>PO Box 4345</b></p> <hr/> <p>City State Zip <b>Saint Augustine FL 32085</b></p>	<p>Date of Receipt 10 20 2004</p> <hr/> <p>Amount 1 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> <b>John Huarte</b></p> <hr/> <p>Mailing Address of Donor <b>3829 south priest</b></p> <hr/> <p>City State Zip <b>tempe AZ 85284</b></p>	<p>Date of Receipt 10 21 2004</p> <hr/> <p>Amount 1 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> <b>Michael Hughes</b></p> <hr/> <p>Mailing Address of Donor <b>1082 Governor Bridge Road</b></p> <hr/> <p>City State Zip <b>Davidsonville MD 21035</b></p>	<p>Date of Receipt 10 21 2004</p> <hr/> <p>Amount 1 0 0 0 0 0</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p> <hr/> <p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page to Line 9)</p>	<p>1 4 0 0 0 0 0</p> <hr/> <p>1 0 6 2 5 0 0 0</p>

SCHEDULE 9-A

Donation(s) Received

<p><b>A. Full Name of Donor</b> Michael Hughes</p> <p>Mailing Address of Donor 1082 Governor Bridge Road</p> <p>City State Zip Davidsonville MD 21035</p>	<p>Date of Receipt 08 21 2004</p> <p>Amount 50000</p>
<p><b>B. Full Name of Donor</b> bill hunnicut</p> <p>Mailing Address of Donor 110 e. 59th st.</p> <p>City State Zip new york NY 10022</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 25000</p>
<p><b>C. Full Name of Donor</b> Bill Hunnicutt</p> <p>Mailing Address of Donor 110 E. 59th Street, 32 Fl</p> <p>City State Zip New York NY 10022</p>	<p>Date of Receipt 08 07 2004</p> <p>Amount 50000</p>
<p><b>D. Full Name of Donor</b> Bill Hunnicutt</p> <p>Mailing Address of Donor 110 E. 59th street, 32 fl</p> <p>City State Zip New York NY 10022</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 25000</p>
<p><b>E. Full Name of Donor</b> Paul Isaac</p> <p>Mailing Address of Donor 75 Prospect Avenue</p> <p>City State Zip Larchmont NM 10538</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 100000</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>250000</p>
<p>TOTAL This Period (last page 9's line number only) .....</p> <p>(carry total from last page to Line 9)</p>	<p>10875000</p>

SCHEDULE 9-A  
Donation(s) Received

A. Full Name of Donor <b>Frank Jackson</b>			Date of Receipt 10/16/2004	
Mailing Address of Donor <b>1460 Raven Hill Rd</b>			Amount <b>500.00</b>	
City <b>Mechanicsburg</b>	State <b>PA</b>	Zip <b>17055</b>		

B. Full Name of Donor <b>Howard Jaeckel</b>			Date of Receipt 10/10/2004	
Mailing Address of Donor <b>420 East 72nd Street</b>			Amount <b>250.00</b>	
City <b>New York</b>	State <b>NY</b>	Zip <b>10021</b>		

C. Full Name of Donor <b>Howard Jaeckel</b>			Date of Receipt 09/08/2004	
Mailing Address of Donor <b>420 East 72nd Street</b>			Amount <b>500.00</b>	
City <b>New York</b>	State <b>NY</b>	Zip <b>10021</b>		

D. Full Name of Donor <b>Howard Jaeckel</b>			Date of Receipt 10/07/2004	
Mailing Address of Donor <b>420 East 72nd Street</b>			Amount <b>250.00</b>	
City <b>New York</b>	State <b>NY</b>	Zip <b>10021</b>		

E. Full Name of Donor <b>Johnette Jarvis</b>			Date of Receipt 08/13/2004	
Mailing Address of Donor <b>9207 County Rd. E</b>			Amount <b>250.00</b>	
City <b>Stinnett</b>	State <b>TX</b>	Zip <b>79083</b>		

SUBTOTAL of Donations This Page (optional)	<b>1750.00</b>
TOTAL This Period (last page true line number only) (carry over from last page to line 9)	<b>11050.00</b>

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

A. Full Name of Donor

**Johnette Jarvis**

Mailing Address of Donor

**9207 County Rd. E**

City

**Stinnett**

State

**TX**

Zip

**79083**

Date of Receipt

1 0 0 0 0 4 2 0 0 4

Amount

2 5 0 0 0

B. Full Name of Donor

**Jon Jarvis**

Mailing Address of Donor

**9207 County Rd. E**

City

**Stinnett**

State

**TX**

Zip

**79083**

Date of Receipt

1 0 1 8 2 0 0 4

Amount

5 0 0 0 0

C. Full Name of Donor

**Christopher Johnson**

Mailing Address of Donor

**834 5th Avenue**

City

**New York**

State

**NY**

Zip

**10021**

Date of Receipt

1 0 1 8 2 0 0 4

Amount

1 0 0 0 0 0

D. Full Name of Donor

**Raymond Johnson**

Mailing Address of Donor

**340 Marcia Dr.**

City

**Luling**

State

**LA**

Zip

**70070**

Date of Receipt

1 0 1 8 2 0 0 4

Amount

1 0 0 0 0 0

E. Full Name of Donor

**Thomas H Johnson**

Mailing Address of Donor

**PO Box 421549**

City

**Atlanta**

State

**GA**

Zip

**30342**

Date of Receipt

1 0 1 5 2 0 0 4

Amount

5 0 0 0 0

SUBTOTAL of Donations This Page (optional)

3 2 5 0 0 0

TOTAL This Form (and page this line number only)  
(carry info from last page to Line 8)

1 1 3 7 5 0 0 0

24038584931

**SCHEDULE B-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Harvey Karp</p> <p><b>Mailing Address of Donor</b> P.O. Box 30</p> <p><b>City</b> East Hampton      <b>State</b> NY      <b>Zip</b> 11937</p>	<p><b>Date of Receipt</b> 10 16 2004</p> <p><b>Amount</b> 100000</p>
<p><b>B. Full Name of Donor</b> Curtis Katz</p> <p><b>Mailing Address of Donor</b> 29 Barstow Rd, Ste 202</p> <p><b>City</b> Great Neck      <b>State</b> NY      <b>Zip</b> 11021</p>	<p><b>Date of Receipt</b> 10 13 2004</p> <p><b>Amount</b> 100000</p>
<p><b>C. Full Name of Donor</b> R. O. Kearns</p> <p><b>Mailing Address of Donor</b> 2540 Del Lago Dr</p> <p><b>City</b> Fort Lauderdale      <b>State</b> FL      <b>Zip</b> 33316</p>	<p><b>Date of Receipt</b> 10 20 2004</p> <p><b>Amount</b> 100000</p>
<p><b>D. Full Name of Donor</b> Joseph Keelty</p> <p><b>Mailing Address of Donor</b> PO Box 528</p> <p><b>City</b> Lutherville Timonium      <b>State</b> MD      <b>Zip</b> 21094</p>	<p><b>Date of Receipt</b> 10 15 2004</p> <p><b>Amount</b> 200000</p>
<p><b>E. Full Name of Donor</b> Rodger B. King</p> <p><b>Mailing Address of Donor</b> PO Box 1006</p> <p><b>City</b> Tampa      <b>State</b> FL      <b>Zip</b> 33601</p>	<p><b>Date of Receipt</b> 10 25 2004</p> <p><b>Amount</b> 100000</p>

<p><b>SUBTOTAL of Donations This Page (continue)</b></p>	<p>600000</p>
<p><b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 9)</p>	<p>11975000</p>

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

<p><b>A. Full Name of Donor</b> William King</p> <p>Mailing Address of Donor 6260 Cherokee Way</p> <p>City State Zip Suwanee GA 30024</p>	<p><b>Date of Receipt</b> Month Day Year 10 19 2004</p> <p><b>Amount</b> 50000</p>
<p><b>B. Full Name of Donor</b> norman krischer</p> <p>Mailing Address of Donor 151 highlandave</p> <p>City State Zip montclair NJ 07042</p>	<p><b>Date of Receipt</b> Month Day Year 10 20 2004</p> <p><b>Amount</b> 250000</p>
<p><b>C. Full Name of Donor</b> norman krischer</p> <p>Mailing Address of Donor 151 highland ave</p> <p>City State Zip montclair NJ 07042</p>	<p><b>Date of Receipt</b> Month Day Year 10 20 2004</p> <p><b>Amount</b> 250000</p>
<p><b>D. Full Name of Donor</b> Larry Lady</p> <p>Mailing Address of Donor 5625 Jonamac Pl. #1B</p> <p>City State Zip Roanoke VA 24019</p>	<p><b>Date of Receipt</b> Month Day Year 10 31 2004</p> <p><b>Amount</b> 25000</p>
<p><b>E. Full Name of Donor</b> Larry Lady</p> <p>Mailing Address of Donor 5625 Jonamac Pl. #1B</p> <p>City State Zip Roanoke VA 24019</p>	<p><b>Date of Receipt</b> Month Day Year 10 31 2004</p> <p><b>Amount</b> 25000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	<p>600000</p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page to line 9)</p>	<p>1257500</p>



24038584933

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

PAGE 41) OF 100

<p><b>A. Full Name of Donor</b>  <b>Larry Lady</b></p> <p>Mailing Address of Donor  <b>5625 Jonamac Pl. #1B</b></p> <p>City State Zip  <b>Roanoke VA 24019</b></p>	<p>Date of Receipt                  09 03 2004</p> <p>Amount                  25000</p>
<p><b>B. Full Name of Donor</b>  <b>Larry Lady</b></p> <p>Mailing Address of Donor  <b>5625 Jonamac Place #1B</b></p> <p>City State Zip  <b>Roanoke VA 24019</b></p>	<p>Date of Receipt                  10 04 2004</p> <p>Amount                  25000</p>
<p><b>C. Full Name of Donor</b>  <b>Scott Laidig</b></p> <p>Mailing Address of Donor  <b>129 W. North St.</b></p> <p>City State Zip  <b>Worthington OH 43085</b></p>	<p>Date of Receipt                  10 15 2004</p> <p>Amount                  100000</p>
<p><b>D. Full Name of Donor</b>  <b>Ed Lasky</b></p> <p>Mailing Address of Donor  <b>1250 Ridge Rd</b></p> <p>City State Zip  <b>Northbrook IL 60062</b></p>	<p>Date of Receipt                  10 18 2004</p> <p>Amount                  50000</p>
<p><b>E. Full Name of Donor</b>  <b>tom liguori</b></p> <p>Mailing Address of Donor  <b>16985 Via Del Campo Court</b></p> <p>City State Zip  <b>San Diego CA 92127</b></p>	<p>Date of Receipt                  10 20 2004</p> <p>Amount                  250000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ..... ▶</p> <p><b>TOTAL This Period (last page this line number only)</b> ..... ▶                  (carry over from last page to Line 9)</p>	<p><b>450000</b></p> <p><b>1302500</b></p>

SCHEDULE 8-A  
Donation(s) Received

<b>A. Full Name of Donor</b> <b>Robert D. Linder, Sr.</b> <hr/> <b>Mailing Address of Donor</b> <b>3955 Montgomery Road</b> <hr/> City: <b>Cincinnati</b> State: <b>OH</b> Zip: <b>45212</b>	<b>Date of Receipt</b> 10 / 15 / 2004 <hr/> <b>Amount</b> 2 5 0 0 0 0 0 0
<b>B. Full Name of Donor</b> <b>William Lyon</b> <hr/> <b>Mailing Address of Donor</b> <b>4490 Von Karman Av</b> <hr/> City: <b>Newport Beach</b> State: <b>CA</b> Zip: <b>92660</b>	<b>Date of Receipt</b> 10 / 18 / 2004 <hr/> <b>Amount</b> 5 0 0 0 0 0 0 0
<b>C. Full Name of Donor</b> <b>Walt and Bonita Malley</b> <hr/> <b>Mailing Address of Donor</b> <b>10800 Lathrop Lane</b> <hr/> City: <b>Silverdale</b> State: <b>WA</b> Zip: <b>98383</b>	<b>Date of Receipt</b> 10 / 18 / 2004 <hr/> <b>Amount</b> 2 5 0 0 0 0 0 0
<b>D. Full Name of Donor</b> <b>Thomas P. Maney</b> <hr/> <b>Mailing Address of Donor</b> <b>535 Greenglade Ave</b> <hr/> City: <b>Worthington</b> State: <b>OH</b> Zip: <b>43085</b>	<b>Date of Receipt</b> 10 / 15 / 2004 <hr/> <b>Amount</b> 5 0 0 0 0 0 0 0
<b>E. Full Name of Donor</b> <b>Nancy Mark</b> <hr/> <b>Mailing Address of Donor</b> <b>77 Rebecca Lane</b> <hr/> City: <b>Atherton</b> State: <b>CA</b> Zip: <b>94027</b>	<b>Date of Receipt</b> 10 / 18 / 2004 <hr/> <b>Amount</b> 1 0 0 0 0 0 0 0

<b>SUBTOTAL of Donations This Page (optional)</b>	<b>7 5 4 0 0 0 0 0</b>
<b>TOTAL This Period (last page five line number only)</b> <small>(carry total from last page to line 9)</small>	<b>8 9 4 2 5 0 0 0</b>

**SCHEDULE 8-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b>  <b>Barbara Martin</b></p> <p>Mailing Address of Donor:  <b>1700 19th St. N.W. #2</b></p> <p>City State Zip  <b>Washington D.C. DC 20009</b></p>	<p><b>Date of Receipt</b>                  10/15/2004</p> <p><b>Amount</b>                  100000</p>
<p><b>B. Full Name of Donor</b>  <b>J. Allen Martin</b></p> <p>Mailing Address of Donor:  <b>10095 Lawyers Rd.</b></p> <p>City State Zip  <b>Vienna VA 22181</b></p>	<p><b>Date of Receipt</b>                  10/21/2004</p> <p><b>Amount</b>                  25000</p>
<p><b>C. Full Name of Donor</b>  <b>Wayne Martin</b></p> <p>Mailing Address of Donor:  <b>6816 Burton St SE</b></p> <p>City State Zip  <b>Grand Rapids MI 49546</b></p>	<p><b>Date of Receipt</b>                  10/20/2004</p> <p><b>Amount</b>                  200000</p>
<p><b>D. Full Name of Donor</b>  <b>George Matthews, Jr</b></p> <p>Mailing Address of Donor:  <b>212 Townsend Place</b></p> <p>City State Zip  <b>Atlanta GA 30327</b></p>	<p><b>Date of Receipt</b>                  10/16/2004</p> <p><b>Amount</b>                  25000000</p>
<p><b>E. Full Name of Donor</b>  <b>Wikes McClave</b></p> <p>Mailing Address of Donor:  <b>27 Jingle Lane</b></p> <p>City State Zip  <b>Bedford NY 10506</b></p>	<p><b>Date of Receipt</b>                  10/18/2004</p> <p><b>Amount</b>                  100000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p>	<p><b>25425000</b></p>
<p><b>TOTAL This Period (this page this line number only)</b> ▶                  (only total from last page to Line 9)</p>	<p><b>113850000</b></p>

**SCHEDULE B-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> <b>Wilkes McClave</b></p> <p>Mailing Address of Donor: <b>27 Jingle Lane</b></p> <p>City State Zip <b>Bedford NY 10506</b></p>	<p><b>Date of Receipt</b> 10/18/04</p> <p><b>Amount</b> 2,500.00</p>
<p><b>B. Full Name of Donor</b> <b>James McIlvain</b></p> <p>Mailing Address of Donor: <b>15331 Francis Oaks Way</b></p> <p>City State Zip <b>Los Gatos CA 95032</b></p>	<p><b>Date of Receipt</b> 10/18/04</p> <p><b>Amount</b> 2,500.00</p>
<p><b>C. Full Name of Donor</b> <b>Mac McIlvain</b></p> <p>Mailing Address of Donor: <b>PO Box 110155</b></p> <p>City State Zip <b>Anchorage AK 99511</b></p>	<p><b>Date of Receipt</b> 10/18/04</p> <p><b>Amount</b> 500.00</p>
<p><b>D. Full Name of Donor</b> <b>Mac McIlvain</b></p> <p>Mailing Address of Donor: <b>PO Box 110155</b></p> <p>City State Zip <b>Anchorage AK 99511</b></p>	<p><b>Date of Receipt</b> 10/18/04</p> <p><b>Amount</b> 500.00</p>
<p><b>E. Full Name of Donor</b> <b>Randolph McManus</b></p> <p>Mailing Address of Donor: <b>2021 Q St, N.W.</b></p> <p>City State Zip <b>Washington DC 20009</b></p>	<p><b>Date of Receipt</b> 10/18/04</p> <p><b>Amount</b> 500.00</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p> <p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(copy total from last page to Line 9)</p>	<p><b>6,500.00</b></p> <p><b>11,450.00</b></p>

SCHEDULE 3-A

Donation(s) Received

<p><b>A. Full Name of Donor</b> Randoiph 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 09 05 2004</p> <p>Amount 50000</p>
<p><b>B. Full Name of Donor</b> Douglas McMillan</p> <p>Mailing Address of Donor 707 Goodrich Avenue</p> <p>City State Zip St. Paul MN 55106</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 100000</p>
<p><b>C. Full Name of Donor</b> jim mcnaab</p> <p>Mailing Address of Donor 47 church street</p> <p>City State Zip charleston SC 29401</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 250000</p>
<p><b>D. Full Name of Donor</b> Donald Meske</p> <p>Mailing Address of Donor 11 Upper Woodcrest Rd</p> <p>City State Zip Berwick PA 18603</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 100000</p>
<p><b>E. Full Name of Donor</b> John Metrock</p> <p>Mailing Address of Donor PO Box 36</p> <p>City State Zip Montevallo AL 35115</p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 100000</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>600000</p>
<p>TOTAL This Period (use page five line number only) .....</p> <p>(carry total from last page to 1510 3)</p>	<p>115100000</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> 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 15 2004</p> <p>Amount 1 000 00</p>
<p><b>B. Full Name of Donor</b> Jeanette Mihaly</p> <p>Mailing Address of Donor 142 B T L Rd</p> <p>City State Zip Shohola PA 18458</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1 000 00</p>
<p><b>C. Full Name of Donor</b> 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 25 2004</p> <p>Amount 5 000 00</p>
<p><b>D. Full Name of Donor</b> Robert Miller</p> <p>Mailing Address of Donor 2271 Country Club Drive</p> <p>City State Zip Pittsburgh PA 15241</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1 000 00</p>
<p><b>E. Full Name of Donor</b> WILLIAM MILLER</p> <p>Mailing Address of Donor 8790 Winding Way</p> <p>City State Zip Fair Oaks CA 95628</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 5 000 00</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p> <p><b>TOTAL This Period (last page and line number only)</b> .....</p> <p>(carry over from last page to Line 01)</p>	<p>4 000 00</p> <p>1 155 000 00</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b>  <b>Michael Minton</b></p> <p>Mailing Address of Donor  <b>1 US Bank Plaza, Suite 2900</b></p> <p>City State Zip  <b>St. Louis MO 63101</b></p>	<p>Date of Receipt  <b>10 15 2004</b></p> <p>Amount  <b>100000</b></p>
<p><b>B. Full Name of Donor</b>  <b>CHARLES MITCHELL</b></p> <p>Mailing Address of Donor  <b>500 Iron Springs Rd</b></p> <p>City State Zip  <b>Fairfax CA 94930</b></p>	<p>Date of Receipt  <b>10 18 2004</b></p> <p>Amount  <b>50000</b></p>
<p><b>C. Full Name of Donor</b>  <b>CHARLES MITCHELL</b></p> <p>Mailing Address of Donor  <b>500 Iron Springs Rd</b></p> <p>City State Zip  <b>Fairfax CA 94930</b></p>	<p>Date of Receipt  <b>08 31 2004</b></p> <p>Amount  <b>50000</b></p>
<p><b>D. Full Name of Donor</b>  <b>John Mitchell</b></p> <p>Mailing Address of Donor  <b>PO Box 606</b></p> <p>City State Zip  <b>Deer Park WA 99006</b></p>	<p>Date of Receipt  <b>10 15 2004</b></p> <p>Amount  <b>80000</b></p>
<p><b>E. Full Name of Donor</b>  <b>Howard Mitnick</b></p> <p>Mailing Address of Donor  <b>65 Madison Ave.</b></p> <p>City State Zip  <b>Morristown NJ 07960</b></p>	<p>Date of Receipt  <b>10 17 2004</b></p> <p>Amount  <b>25000</b></p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p> <p><b>TOTAL This Period (last page bills are number only)</b> .....</p> <p>(carry over from last page to line B)</p>	<p><b>315000</b></p> <p><b>115815000</b></p>

24038584940

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b>  <b>Gratia Montgomery</b></p> <p>Mailing Address of Donor  <b>205 Smith Neck Rd</b></p> <p>City State Zip  <b>South Dartmouth MA 02748</b></p>	<p>Date of Receipt  <b>10 23 2004</b></p> <p>Amount  <b>500000</b></p>
<p><b>B. Full Name of Donor</b>  <b>Margaret Mora</b></p> <p>Mailing Address of Donor  <b>1612 Billy Casper Dr.</b></p> <p>City State Zip  <b>El Paso TX 79936</b></p>	<p>Date of Receipt  <b>10 15 2004</b></p> <p>Amount  <b>100000</b></p>
<p><b>C. Full Name of Donor</b>  <b>CLARK MORGAN</b></p> <p>Mailing Address of Donor  <b>225 S KALAHEO AVE</b></p> <p>City State Zip  <b>KAILUA HI 96734</b></p>	<p>Date of Receipt  <b>10 18 2004</b></p> <p>Amount  <b>250000</b></p>
<p><b>D. Full Name of Donor</b>  <b>CLARK MORGAN</b></p> <p>Mailing Address of Donor  <b>225 S KALAHEO AVE</b></p> <p>City State Zip  <b>KAILUA HI 96734</b></p>	<p>Date of Receipt  <b>10 08 2004</b></p> <p>Amount  <b>250000</b></p>
<p><b>E. Full Name of Donor</b>  <b>Clark Morgan</b></p> <p>Mailing Address of Donor  <b>225 S Kailaheo Ave</b></p> <p>City State Zip  <b>Kailua HI 96734</b></p>	<p>Date of Receipt  <b>10 08 2004</b></p> <p>Amount  <b>250000</b></p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ..... ▶ <b>675000</b></p> <p><b>TOTAL This Period (and page for line number only)</b> ..... ▶ <b>116490000</b>  <small>(carry total from last page to Line 6)</small></p>	



**SCHEDULE 3-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b>  <b>Clark Morgan</b></p> <p>Mailing Address of Donor  <b>225 S Kalaheo Ave</b></p> <p>City State Zip  <b>Kailua HI 96734</b></p>	<p><b>Date of Receipt</b>                  10/20/04 2004</p> <p><b>Amount</b>                  25000</p>
<p><b>B. Full Name of Donor</b>  <b>Gerald J. Mos</b></p> <p>Mailing Address of Donor  <b>1215 Stratford Rd</b></p> <p>City State Zip  <b>Kansas City MO 64113</b></p>	<p><b>Date of Receipt</b>                  10/18/04 2004</p> <p><b>Amount</b>                  100000</p>
<p><b>C. Full Name of Donor</b>  <b>John Moss</b></p> <p>Mailing Address of Donor  <b>2764 Compass Drive, #101</b></p> <p>City State Zip  <b>Grand Junction CO 81506</b></p>	<p><b>Date of Receipt</b>                  10/17/04 2004</p> <p><b>Amount</b>                  100000</p>
<p><b>D. Full Name of Donor</b>  <b>Swift Mothershead</b></p> <p>Mailing Address of Donor  <b>P.O. Box 30036</b></p> <p>City State Zip  <b>Charlotte NC 28230</b></p>	<p><b>Date of Receipt</b>                  10/15/04 2004</p> <p><b>Amount</b>                  50000</p>
<p><b>E. Full Name of Donor</b>  <b>Swift Mothershead</b></p> <p>Mailing Address of Donor  <b>P.O. Box 30036</b></p> <p>City State Zip  <b>Charlotte NC 28230</b></p>	<p><b>Date of Receipt</b>                  09/25/04 2004</p> <p><b>Amount</b>                  25000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ..... ▶ <b>300000</b></p> <p><b>TOTAL This Period (add page this line number only)</b> ..... ▶ <b>116790000</b>                  (copy total from last page to Line 9)</p>	

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> 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 05 2004</p> <p>Amount 5 000 00</p>
<p><b>B. Full Name of Donor</b> Timothy Moulton</p> <p>Mailing Address of Donor 302 Chaucer Ct N</p> <p>City State Zip Sewickley PA 15143</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 5 000 00</p>
<p><b>C. Full Name of Donor</b> Timothy Moulton</p> <p>Mailing Address of Donor 302 Chaucer Ct N</p> <p>City State Zip Sewickley PA 15143</p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 5 000 00</p>
<p><b>D. Full Name of Donor</b> Richard Mouser</p> <p>Mailing Address of Donor 488 County Road 423</p> <p>City State Zip Uvalde TX 78801</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 2 500 00</p>
<p><b>E. Full Name of Donor</b> Richard Mouser</p> <p>Mailing Address of Donor 488 County Road 423</p> <p>City State Zip Uvalde TX 78801</p>	<p>Date of Receipt 08 10 2004</p> <p>Amount 5 000 00</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>2 250 00</p>
<p>TOTAL This Period (Use page 99a line number only) .....</p> <p>(carry total from last page to Line B)</p>	<p>1 170 150 00</p>

SCHEDULE 9-A  
Donation(s) Received

<p>A. Full Name of Donor <b>Richard Mouser</b></p> <p>Mailing Address of Donor <b>488 County Road 423</b></p> <p>City State Zip <b>Uvalde TX 78801</b></p>	<p>Date of Receipt 10/01/04 05/20/04 <b>10/01/04</b></p> <p>Amount <b>25000</b></p>
<p>B. Full Name of Donor <b>mary movick</b></p> <p>Mailing Address of Donor <b>157 cottonwood</b></p> <p>City State Zip <b>coppell TX 75019</b></p>	<p>Date of Receipt 11/01/03 11/26/04 <b>11/01/03</b></p> <p>Amount <b>10000</b></p>
<p>C. Full Name of Donor <b>Gail Mulvihill</b></p> <p>Mailing Address of Donor <b>PO Box 155</b></p> <p>City State Zip <b>New Vernon NJ 07976</b></p>	<p>Date of Receipt 11/01/03 11/26/04 <b>11/01/03</b></p> <p>Amount <b>60000</b></p>
<p>D. Full Name of Donor <b>Robert Neil</b></p> <p>Mailing Address of Donor <b>3550 El Centro Street</b></p> <p>City State Zip <b>St Pete Beach FL 33706</b></p>	<p>Date of Receipt 11/01/03 11/26/04 <b>11/01/03</b></p> <p>Amount <b>50000</b></p>
<p>E. Full Name of Donor <b>Robert Neil</b></p> <p>Mailing Address of Donor <b>3550 El Centro Street</b></p> <p>City State Zip <b>St Pete Beach FL 33706</b></p>	<p>Date of Receipt 11/01/03 11/26/04 <b>11/01/03</b></p> <p>Amount <b>50000</b></p>
<p>SUBTOTAL of Donations This Page (optional) .....</p> <p>TOTAL This Period (last page file the number only) .....</p> <p>(carry total from last page to Line 5)</p>	<p><b>635000</b></p> <p><b>117650000</b></p>

SCHEDULE 9-A  
Donation(s) Received

<p><b>A. Full Name of Donor</b> John Nelson</p> <p>Mailing Address of Donor 32110 Agoura Rd</p> <p>City State Zip Westlake Village CA 91361</p>	<p>Date of Receipt 10/15/2004</p> <p>Amount 1000000</p>
<p><b>B. Full Name of Donor</b> 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 10/18/2004</p> <p>Amount 500000</p>
<p><b>C. Full Name of Donor</b> 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 08/11/2004</p> <p>Amount 1000000</p>
<p><b>D. Full Name of Donor</b> 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 08/04/2004</p> <p>Amount 2500000</p>
<p><b>E. Full Name of Donor</b> thomas neison</p> <p>Mailing Address of Donor 6100 old lagrange rd</p> <p>City State Zip crestwood KY 40014</p>	<p>Date of Receipt 08/12/2004</p> <p>Amount 500000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	<p>1135000</p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page to Line 9)</p>	<p>118785000</p>

24038584945

**SCHEDULE 3-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b>  <b>Ronald Neville</b></p> <p>Mailing Address of Donor  <b>3541 E. Kingswood Drive</b></p> <p>City State Zip  <b>Springfield MO 65809</b></p>	<p>Date of Receipt                  10/19/2004</p> <p>Amount                  50000</p>
<p><b>B. Full Name of Donor</b>  <b>Ronald Neville</b></p> <p>Mailing Address of Donor  <b>3541 E. Kingswood Drive</b></p> <p>City State Zip  <b>Springfield MO 65809</b></p>	<p>Date of Receipt                  08/24/2004</p> <p>Amount                  50000</p>
<p><b>C. Full Name of Donor</b>  <b>W. Nivison</b></p> <p>Mailing Address of Donor  <b>605 Transylvania Ave</b></p> <p>City State Zip  <b>Raleigh NC 27609</b></p>	<p>Date of Receipt                  10/20/2004</p> <p>Amount                  100000</p>
<p><b>D. Full Name of Donor</b>  <b>Warren Norquist</b></p> <p>Mailing Address of Donor  <b>89 Bradford Rd</b></p> <p>City State Zip  <b>Weston MA 02493</b></p>	<p>Date of Receipt                  10/19/2004</p> <p>Amount                  100000</p>
<p><b>E. Full Name of Donor</b>  <b>Troy Ontko</b></p> <p>Mailing Address of Donor  <b>11948 Elm Dale Dr</b></p> <p>City State Zip  <b>Manchester MI 48158</b></p>	<p>Date of Receipt                  10/20/2004</p> <p>Amount                  25000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p> <p><b>TOTAL This Period (add page this line number only)</b> ▶                  (carry total from last page to Line 9)</p>	<p>325000</p> <p>119110000</p>

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

<p><b>A. Full Name of Donor</b> <b>Troy Ontko</b></p> <p>Mailing Address of Donor <b>11948 Elmdale Dr</b></p> <p>City State Zip <b>Manchester MI 48158</b></p>	<p>Date of Receipt 08 20 2004</p> <p>Amount 25000</p>
<p><b>B. Full Name of Donor</b> <b>Troy Ontko</b></p> <p>Mailing Address of Donor <b>11948 Elmdale Dr</b></p> <p>City State Zip <b>Manchester MI 48158</b></p>	<p>Date of Receipt 08 19 2004</p> <p>Amount 25000</p>
<p><b>C. Full Name of Donor</b> <b>Troy Ontko</b></p> <p>Mailing Address of Donor <b>11948 Elmdale Dr</b></p> <p>City State Zip <b>Manchester MI 48158</b></p>	<p>Date of Receipt 09 09 2004</p> <p>Amount 25000</p>
<p><b>D. Full Name of Donor</b> <b>Louis Panigutti</b></p> <p>Mailing Address of Donor <b>21 Huntington Rd</b></p> <p>City State Zip <b>Newtown CT 06470</b></p>	<p>Date of Receipt 07 19 2004</p> <p>Amount 10000</p>
<p><b>E. Full Name of Donor</b> <b>Beverly A. Parker</b></p> <p>Mailing Address of Donor <b>8 Goonan Rd</b></p> <p>City State Zip <b>Hooksett NH 03106</b></p>	<p>Date of Receipt 08 15 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>135000</p>
<p>TOTAL This Period (add page this line NUMBER only) .....</p> <p>(carry over from last page to line 9)</p>	<p>118245000</p>

SCHEDULE 3-A  
Donation(s) Received

<p><b>A. Full Name of Donor</b> Beverly A. Parker</p> <p>Mailing Address of Donor 8 Gorman Rd</p> <p>City State Zip Hooksett NH 03106</p>	<p>Date of Receipt 09/10/02 12004</p> <p>Amount 50000</p>
<p><b>B. Full Name of Donor</b> Pirjo Pedersen</p> <p>Mailing Address of Donor 3589 So Ocean Blvd Apt. L-602</p> <p>City State Zip Palm Beach FL 33480</p>	<p>Date of Receipt 10/18/02 2004</p> <p>Amount 25000</p>
<p><b>C. Full Name of Donor</b> Pirjo Pedersen</p> <p>Mailing Address of Donor 3589 So Ocean Blvd, Apt. L-602</p> <p>City State Zip Palm Beach FL 33480</p>	<p>Date of Receipt 08/22/02 2004</p> <p>Amount 25000</p>
<p><b>D. Full Name of Donor</b> Pirkko Pedersen</p> <p>Mailing Address of Donor 3589 So Ocean Blvd. Apt. L-602</p> <p>City State Zip Palm Beach FL 33480</p>	<p>Date of Receipt 10/18/02 2004</p> <p>Amount 25000</p>
<p><b>E. Full Name of Donor</b> Pirkko Pedersen</p> <p>Mailing Address of Donor 3589 So Ocean Blvd. Apt. L-602</p> <p>City State Zip Palm Beach FL 33480</p>	<p>Date of Receipt 08/22/02 2004</p> <p>Amount 25000</p>
<p>SUBTOTAL of Donations This Page (optional) ..... 150000</p> <p>TOTAL This Period (last page lists line number only) ..... 119395000 (carry total from last page to Line 9)</p>	

**SCHEDULE B-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> <b>Mary Percy</b></p> <p>Mailing Address of Donor <b>3146 Thomas Avenue</b></p> <p>City State Zip <b>Moontgomery AL 36106</b></p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 5 000 00</p>
<p><b>B. Full Name of Donor</b> <b>Mitzi Perdue</b></p> <p>Mailing Address of Donor <b>1529 Woodland Road</b></p> <p>City State Zip <b>Salisbury MD 21801</b></p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 1 000 00</p>
<p><b>C. Full Name of Donor</b> <b>Bob Perry</b></p> <p>Mailing Address of Donor <b>P.O. Box 34153</b></p> <p>City State Zip <b>Houston TX 77234</b></p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 5 000 000 00</p>
<p><b>D. Full Name of Donor</b> <b>Bob Perry</b></p> <p>Mailing Address of Donor <b>P.O. Box 34153</b></p> <p>City State Zip <b>Houston TX 77234</b></p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 1 000 000 000 00</p>
<p><b>E. Full Name of Donor</b> <b>Robert Pezold</b></p> <p>Mailing Address of Donor <b>15 West Sixth Street, Suite 2800</b></p> <p>City State Zip <b>Tulsa OK 74119</b></p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 1 000 000 00</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>1 502 500 00</p>
<p>TOTAL This Period (last page this line number only) .....</p> <p>(carry total from last page to Line B)</p>	<p>2 696 450 00</p>



SCHEDULE B-A  
Donation(s) Received

<p>A. Full Name of Donor <b>Cameron Phillips</b></p> <p>Mailing Address of Donor <b>626 Chain Bridge Rd</b></p> <p>City State Zip <b>Mclean VA 22101</b></p>	<p>Date of Receipt <b>10/10/2004</b></p> <p>Amount <b>250000</b></p>
<p>B. Full Name of Donor <b>Norm Phillips</b></p> <p>Mailing Address of Donor <b>71 N. Windsail Place</b></p> <p>City State Zip <b>Spring TX 77381</b></p>	<p>Date of Receipt <b>10/19/2004</b></p> <p>Amount <b>50000</b></p>
<p>C. Full Name of Donor <b>Boone Pickens</b></p> <p>Mailing Address of Donor <b>8117 Preston Rd, Suite 260</b></p> <p>City State Zip <b>Dallas TX 75225</b></p>	<p>Date of Receipt <b>10/19/2004</b></p> <p>Amount <b>100000000</b></p>
<p>D. Full Name of Donor <b>Jan Pillar</b></p> <p>Mailing Address of Donor <b>3825 Bluffview Dr.</b></p> <p>City State Zip <b>Marietta GA 30062</b></p>	<p>Date of Receipt <b>10/19/2004</b></p> <p>Amount <b>50000</b></p>
<p>E. Full Name of Donor <b>Ben Pitre</b></p> <p>Mailing Address of Donor <b>413 Interamerica Blvd Suite 1BC-2323</b></p> <p>City State Zip <b>Laredo TX 78045</b></p>	<p>Date of Receipt <b>10/21/2004</b></p> <p>Amount <b>100000</b></p>
<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p><b>100360000</b></p>
<p>TOTAL This Period (See page 9's line number grid) .....</p> <p>(Carry total from last page to Line 9)</p>	<p><b>370005000</b></p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> <b>Ben Pitre</b></p> <p>Mailing Address of Donor <b>413 Interamerica Suite 1BC-2323</b></p> <p>City State Zip <b>Laredo TX 78045</b></p>	<p>Date of Receipt <b>10/21/2004</b></p> <p>Amount <b>100000</b></p>
<p><b>B. Full Name of Donor</b> <b>Neil Polo</b></p> <p>Mailing Address of Donor <b>2061 Aquetong Road</b></p> <p>City State Zip <b>New Hope PA 18938</b></p>	<p>Date of Receipt <b>10/20/2004</b></p> <p>Amount <b>100000</b></p>
<p><b>C. Full Name of Donor</b> <b>Joe Poole</b></p> <p>Mailing Address of Donor <b>575 Pr 1134</b></p> <p>City State Zip <b>Gilmer TX 75645</b></p>	<p>Date of Receipt <b>10/18/2004</b></p> <p>Amount <b>100000</b></p>
<p><b>D. Full Name of Donor</b> <b>Robert M. Powell</b></p> <p>Mailing Address of Donor <b>3200 Industrial Park Rd</b></p> <p>City State Zip <b>Van Buren AR 72956</b></p>	<p>Date of Receipt <b>10/16/2004</b></p> <p>Amount <b>100000</b></p>
<p><b>E. Full Name of Donor</b> <b>Mary Susan Prescott</b></p> <p>Mailing Address of Donor <b>501 N Clinton St, Apt 3401</b></p> <p>City State Zip <b>Chicago IL 60610</b></p>	<p>Date of Receipt <b>10/15/2004</b></p> <p>Amount <b>50000</b></p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ..... ➔ <b>450000</b></p> <p><b>TOTAL This Period (last page this line number only)</b> ..... ➔ <b>370455000</b> (carry total from last page to line 5)</p>	

SCHEDULE 9-A

Donation(s) Received

<p><b>A. Full Name of Donor</b> James Preston</p> <p>Mailing Address of Donor PO Box 830</p> <p>City State Zip Kent CT 06757</p>	<p>Date of Receipt 10/20/2004</p> <p>Amount \$ 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> Frank Pringle</p> <p>Mailing Address of Donor 160 Dolphin Cove Quay</p> <p>City State Zip Stamford CT 06902</p>	<p>Date of Receipt 10/18/2004</p> <p>Amount 1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> Paul Rady</p> <p>Mailing Address of Donor 4 Mockingbird Lane</p> <p>City State Zip Englewood CO 80113</p>	<p>Date of Receipt 10/16/2004</p> <p>Amount 2 5 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> Dean Rahala</p> <p>Mailing Address of Donor PO Box 217</p> <p>City State Zip Deer River MN 56636</p>	<p>Date of Receipt 10/05/2004</p> <p>Amount 2 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> Dean Rahala</p> <p>Mailing Address of Donor PO Box 217</p> <p>City State Zip Deer River MN 56636</p>	<p>Date of Receipt 09/03/2004</p> <p>Amount 1 0 0 0 0</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>6 6 0 0 0 0</p>
<p>TOTAL This Period (add page this line number only) .....</p> <p>(carry total from last page to Line B)</p>	<p>3 7 1 1 1 5 0 0 0</p>

SCHEDULE 8-A  
Donation(s) Received

<p>A. Full Name of Donor <b>THOMAS RAKOW</b></p> <p>Mailing Address of Donor <b>P.O. BOX 545</b></p> <p>City State Zip <b>ELGIN IL 60121</b></p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor <b>Stephen Rhodes</b></p> <p>Mailing Address of Donor <b>131 W. Adelaide, Unit 409</b></p> <p>City State Zip <b>Elmhurst IL 60126</b></p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor <b>Stephen Rhodes</b></p> <p>Mailing Address of Donor <b>131 W. Adelaide, Unit 409</b></p> <p>City State Zip <b>Elmhurst IL 60126</b></p>	<p>Date of Receipt 08 23 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor <b>Carolyn Richardson</b></p> <p>Mailing Address of Donor <b>1774 Seal Way</b></p> <p>City State Zip <b>Discovery Bay CA 94514</b></p>	<p>Date of Receipt 10 19 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor <b>A. James Roberts III</b></p> <p>Mailing Address of Donor <b>2520 Sunny Slopes Dr.</b></p> <p>City State Zip <b>Park City UT 84060</b></p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>300000</p>
<p>TOTAL This Period (last page has the amount only) .....</p> <p>(carry total from end page to Line 9)</p>	<p>371415000</p>

SCHEDULE 9-A  
Donation(s) Received

<p>A. Full Name of Donor <b>A. James Roberts III</b></p> <p>Mailing Address of Donor <b>2520 Sunny Slopes Dr.</b></p> <p>City State Zip <b>Park City UT 84060</b></p>	<p>Date of Receipt 10/09/04 <b>10 09 2004</b></p> <p>Amount <b>50000</b></p>
<p>B. Full Name of Donor <b>Sandra Rose</b></p> <p>Mailing Address of Donor <b>61 Cow Trail</b></p> <p>City State Zip <b>Livingston MT 59047</b></p>	<p>Date of Receipt 10/18/04 <b>10 18 2004</b></p> <p>Amount <b>100000</b></p>
<p>C. Full Name of Donor <b>Jack H. Runnion, Jr.</b></p> <p>Mailing Address of Donor <b>3521 Tork Rd</b></p> <p>City State Zip <b>Winston Salem NC 27104</b></p>	<p>Date of Receipt 10/20/04 <b>10 20 2004</b></p> <p>Amount <b>100000</b></p>
<p>D. Full Name of Donor <b>William Sandalls</b></p> <p>Mailing Address of Donor <b>445 Broadway, Apt. 2P</b></p> <p>City State Zip <b>Hastings on Hudson NY 10706</b></p>	<p>Date of Receipt 10/20/04 <b>10 20 2004</b></p> <p>Amount <b>50000</b></p>
<p>E. Full Name of Donor <b>William Sandalls</b></p> <p>Mailing Address of Donor <b>445 Broadway, Apt. 2P</b></p> <p>City State Zip <b>Hastings on Hudson NY 10706</b></p>	<p>Date of Receipt 10/20/04 <b>10 20 2004</b></p> <p>Amount <b>50000</b></p>
<p><b>GRAND TOTAL of Donations This Page (optional)</b> .....</p>	<p><b>350000</b></p>
<p><b>TOTAL This Period (last page file ref. number only)</b> .....</p> <p>(copy total from last page to Line 9)</p>	<p><b>371755000</b></p>

SCHEDULE 9-A

Donation(s) Received

<p><b>A. Full Name of Donor</b> Michael Sandorffy</p> <p>Mailing Address of Donor 520 Pike Street</p> <p>City State Zip SEATTLE WA 98101</p>	<p>Date of Receipt 10/19/2004</p> <p>Amount 25000</p>
<p><b>B. Full Name of Donor</b> Michael Sandorffy</p> <p>Mailing Address of Donor 520 Pike Street</p> <p>City State Zip Seattle WA 98101</p>	<p>Date of Receipt 09/20/2004</p> <p>Amount 25000</p>
<p><b>C. Full Name of Donor</b> Michael Sandorffy</p> <p>Mailing Address of Donor 520 Pike Street</p> <p>City State Zip Seattle WA 98101</p>	<p>Date of Receipt 09/00/2004</p> <p>Amount 25000</p>
<p><b>D. Full Name of Donor</b> Michael Sandorffy</p> <p>Mailing Address of Donor 520 Pike Street</p> <p>City State Zip Seattle WA 98101</p>	<p>Date of Receipt 09/21/2004</p> <p>Amount 25000</p>
<p><b>E. Full Name of Donor</b> Michael Sandorffy</p> <p>Mailing Address of Donor 520 Pike Street</p> <p>City State Zip SEATTLE WA 98101</p>	<p>Date of Receipt 10/04/2004</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 total from last page to Line 9)</p>	<p>371075000</p>

**SCHEDULE 3-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> thomas p. Sartwelle</p> <p><b>Mailing Address of Donor</b> 1300 post oak blvd suite 2500</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Houston                      TX                      77056</p>	<p><b>Date of Receipt</b> 10/18/04</p> <p><b>Amount</b> 50000</p>
<p><b>B. Full Name of Donor</b> Fred N. Sauer</p> <p><b>Mailing Address of Donor</b> 454 Hammersmith Rd</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Saint Louis                      MO                      63141</p>	<p><b>Date of Receipt</b> 10/18/04</p> <p><b>Amount</b> 400000</p>
<p><b>C. Full Name of Donor</b> Kenneth Saunders</p> <p><b>Mailing Address of Donor</b> 9890 E Paseo San Rosendo</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Tucson                      AZ                      85747</p>	<p><b>Date of Receipt</b> 10/18/04</p> <p><b>Amount</b> 25000</p>
<p><b>D. Full Name of Donor</b> Kenneth Saunders</p> <p><b>Mailing Address of Donor</b> 9890 E Paseo San Rosendo</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Tucson                      AZ                      85747</p>	<p><b>Date of Receipt</b> 10/18/04</p> <p><b>Amount</b> 25000</p>
<p><b>E. Full Name of Donor</b> Kenneth Saunders</p> <p><b>Mailing Address of Donor</b> 9890 E Paseo San Rosendo</p> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Tucson                      AZ                      85747</p>	<p><b>Date of Receipt</b> 10/18/04</p> <p><b>Amount</b> 25000</p>

<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	<p>525000</p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page to Line B)</p>	<p>37240000</p>

SCHEDULE 9-A  
Donation(s) Received

<p><b>A. Full Name of Donor</b> Kenneth Saunders</p> <p><b>Mailing Address of Donor</b> 9890 E Paseo San Rosendo</p> <p>City: Tucson State: AZ Zip: 85747</p>	<p><b>Date of Receipt</b> 10/22/04 2004</p> <p><b>Amount</b> 50000</p>
<p><b>B. Full Name of Donor</b> charles g. schappert</p> <p><b>Mailing Address of Donor</b> c/o hps inc 1224 forest pkwy</p> <p>City: paulsboro State: NJ Zip: 08066</p>	<p><b>Date of Receipt</b> 10/18/04 2004</p> <p><b>Amount</b> 25000</p>
<p><b>C. Full Name of Donor</b> William Schill</p> <p><b>Mailing Address of Donor</b> 2659 Clydesdale Avenue</p> <p>City: Atwater State: CA Zip: 95301</p>	<p><b>Date of Receipt</b> 10/15/04 2004</p> <p><b>Amount</b> 50000</p>
<p><b>D. Full Name of Donor</b> William Schill</p> <p><b>Mailing Address of Donor</b> 2659 Clydesdale Avenue</p> <p>City: Atwater State: CA Zip: 95301</p>	<p><b>Date of Receipt</b> 10/8/04 2004</p> <p><b>Amount</b> 50000</p>
<p><b>E. Full Name of Donor</b> Eugene Schmidt</p> <p><b>Mailing Address of Donor</b> 19 Forest Drive</p> <p>City: Glassboro State: NJ Zip: 08028</p>	<p><b>Date of Receipt</b> 10/15/04 2004</p> <p><b>Amount</b> 25000</p>
<p><b>SUBTOTAL of Donations This Page (of \$000)</b> .....</p> <p><b>TOTAL This Period (Use page title line number only)</b> .....</p> <p>(carry over from last page to line 01)</p>	<p><b>200000</b></p> <p><b>37250000</b></p>



**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Eugene Schmidt</p> <p>Mailing Address of Donor 19 Forest Drive</p> <p>City State Zip Glassboro NJ 08028</p>	<p>Date of Receipt 10/8/08 19 2004</p> <p>Amount 25000</p>
<p><b>B. Full Name of Donor</b> Eugene Schmidt</p> <p>Mailing Address of Donor 19 Forest Drive</p> <p>City State Zip Glassboro NJ 08028</p>	<p>Date of Receipt 08/31/2004</p> <p>Amount 25000</p>
<p><b>C. Full Name of Donor</b> Eugene Schmidt</p> <p>Mailing Address of Donor 19 Forest Drive</p> <p>City State Zip Glassboro NJ 08028</p>	<p>Date of Receipt 09/08/2004</p> <p>Amount 25000</p>
<p><b>D. Full Name of Donor</b> John Schofield</p> <p>Mailing Address of Donor 1801 Colonial Arms Circle #4A</p> <p>City State Zip Virginia Beach VA 23454</p>	<p>Date of Receipt 10/08/2004</p> <p>Amount 60000</p>
<p><b>E. Full Name of Donor</b> John Schofield</p> <p>Mailing Address of Donor 1801 Colonial Arms Circle</p> <p>City State Zip Virginia Beach VA 23454</p>	<p>Date of Receipt 08/08/2004</p> <p>Amount 50000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b></p> <p><b>TOTAL This Period (last page lists the number only)</b> (carry total from last page to line 9)</p>	<p>175000</p> <p>37275000</p>

SCHEDULE 9-A

Donation(s) Received

<p><b>A. Full Name of Donor</b> John Schofield</p> <p>Mailing Address of Donor 1801 Colonial Arms Circle #4A</p> <p>City State Zip Virginia Beach VA 23454</p>	<p>Date of Receipt 00 24 2004</p> <p>Amount 25000</p>
<p><b>B. Full Name of Donor</b> 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 20 2004</p> <p>Amount 100000</p>
<p><b>C. Full Name of Donor</b> Donald R. Scifres</p> <p>Mailing Address of Donor 26700 Palo Hills Dr</p> <p>City State Zip Los Altos Hills CA 94022</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 500000</p>
<p><b>D. Full Name of Donor</b> Ruth Segal</p> <p>Mailing Address of Donor 5027 S Convent Ln, Apt H</p> <p>City State Zip Philadelphia PA 19114</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 100000</p>
<p><b>E. Full Name of Donor</b> Robert Sexton</p> <p>Mailing Address of Donor 6411 E. Shepherd Hills Dr.</p> <p>City State Zip Tucson AZ 85710</p>	<p>Date of Receipt 10 16 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>775000</p>
<p>TOTAL This Period (see page five line number only) .....</p> <p>(carry total from last page to line 9)</p>	<p>375550000</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor <b>Robert Sexton</b></p> <p>Mailing Address of Donor <b>6411 E. Shepherd Hills Dr.</b></p> <p>City State Zip <b>Tucson AZ 85710</b></p>	<p>Date of Receipt <b>08 04 2004</b></p> <p>Amount <b>50000</b></p>
<p>B. Full Name of Donor <b>Robert S. Sexton</b></p> <p>Mailing Address of Donor <b>6411 E. Shepherd Hills Dr.</b></p> <p>City State Zip <b>Tucson AZ 85710</b></p>	<p>Date of Receipt <b>09 11 2004</b></p> <p>Amount <b>25000</b></p>
<p>C. Full Name of Donor <b>Barry Shannon</b></p> <p>Mailing Address of Donor <b>344 Sea Oats Trail</b></p> <p>City State Zip <b>Kitty Hawk NC 27949</b></p>	<p>Date of Receipt <b>02 15 2004</b></p> <p>Amount <b>100000</b></p>
<p>D. Full Name of Donor <b>Barry Shannon</b></p> <p>Mailing Address of Donor <b>344 Sea Oats Trail</b></p> <p>City State Zip <b>Kitty Hawk NC 27949</b></p>	<p>Date of Receipt <b>06 06 2004</b></p> <p>Amount <b>25000</b></p>
<p>E. Full Name of Donor <b>Barry Shannon</b></p> <p>Mailing Address of Donor <b>344 Sea Oats Trail</b></p> <p>City State Zip <b>Kitty Hawk NC 27949</b></p>	<p>Date of Receipt <b>08 25 2004</b></p> <p>Amount <b>100000</b></p>

<p>SUBTOTAL of Donations This Page (optional)..... ▶</p>	<p><b>197500</b></p>
<p>TOTAL This Period (last page this line number only)..... ▶ (carry total from last page to Line 9)</p>	<p><b>373737500</b></p>

**SCHEDULE 8-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b> <b>Barry Shannon</b></p> <p>Mailing Address of Donor <b>344 Sea Oats Trail</b></p> <p>City State Zip <b>Kitty Hawk NC 27949</b></p>	<p>Date of Receipt 10/08/04</p> <p>Amount 10000</p>
<p><b>B. Full Name of Donor</b> <b>ramy shanny</b></p> <p>Mailing Address of Donor <b>7200 brookstone court</b></p> <p>City State Zip <b>potomac MD 20854</b></p>	<p>Date of Receipt 10/15/04</p> <p>Amount 10000</p>
<p><b>C. Full Name of Donor</b> <b>alvin sherman</b></p> <p>Mailing Address of Donor <b>3000 island blvd</b></p> <p>City State Zip <b>aventura FL 33160</b></p>	<p>Date of Receipt 10/16/04</p> <p>Amount 50000</p>
<p><b>D. Full Name of Donor</b> <b>James Shiley</b></p> <p>Mailing Address of Donor <b>608 SW Arboretum Circle</b></p> <p>City State Zip <b>Portland OR 97221</b></p>	<p>Date of Receipt 10/26/04</p> <p>Amount 25000</p>
<p><b>E. Full Name of Donor</b> <b>Robert L. Slater</b></p> <p>Mailing Address of Donor <b>515 SW California Ave</b></p> <p>City State Zip <b>Stuart FL 34994</b></p>	<p>Date of Receipt 10/15/04</p> <p>Amount 50000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p> <p><b>TOTAL The Fund (last page this line number only)</b> .....</p> <p>(carry total from last page to Line 8)</p>	<p><b>235000</b></p> <p><b>373972500</b></p>

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

<p><b>A. Full Name of Donor</b> <b>Robert L. Slater</b></p> <p>Mailing Address of Donor <b>515 SW California Ave</b></p> <p>City State Zip <b>Stuart FL 34994</b></p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 50000</p>
<p><b>B. Full Name of Donor</b> <b>Britt Smith</b></p> <p>Mailing Address of Donor <b>5740 Melshire</b></p> <p>City State Zip <b>Dallas TX 75230</b></p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 50000</p>
<p><b>C. Full Name of Donor</b> <b>Britt Smith</b></p> <p>Mailing Address of Donor <b>5740 Melshire</b></p> <p>City State Zip <b>Dallas TX 75230</b></p>	<p>Date of Receipt 08 13 2004</p> <p>Amount 50000</p>
<p><b>D. Full Name of Donor</b> <b>Donald Smith</b></p> <p>Mailing Address of Donor <b>288 Hubbard Rd</b></p> <p>City State Zip <b>Newton AL 36352</b></p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 60000</p>
<p><b>E. Full Name of Donor</b> <b>Donald Smith</b></p> <p>Mailing Address of Donor <b>288 Hubbard Rd</b></p> <p>City State Zip <b>Newton AL 36352</b></p>	<p>Date of Receipt 09 12 2004</p> <p>Amount 50000</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>250000</p>
<p>TOTAL This Period (See page 995 line number only) .....</p> <p>(copy total from last page in Line B)</p>	<p>37422500</p>

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

<p><b>A. Full Name of Donor</b> <b>Larry Smith</b></p> <hr/> <p>Mailing Address of Donor <b>69 Stanford</b></p> <hr/> <p>City State Zip <b>Longmont CO 80503</b></p>	<p><b>Date of Receipt</b> 10 18 2004</p> <hr/> <p><b>Amount</b> 1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b> <b>Muriei M. Smith</b></p> <hr/> <p>Mailing Address of Donor <b>1806 Sabal Palm Cir</b></p> <hr/> <p>City State Zip <b>Boca Raton FL 33432</b></p>	<p><b>Date of Receipt</b> 10 18 2004</p> <hr/> <p><b>Amount</b> 1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b> <b>William Spillane</b></p> <hr/> <p>Mailing Address of Donor <b>3401 Maple Ave.</b></p> <hr/> <p>City State Zip <b>Manhattan Beach CA 90266</b></p>	<p><b>Date of Receipt</b> 10 19 2004</p> <hr/> <p><b>Amount</b> 2 5 0 0 0 0</p>
<p><b>D. Full Name of Donor</b> <b>Steven Spinola</b></p> <hr/> <p>Mailing Address of Donor <b>114 Meadbrook rd</b></p> <hr/> <p>City State Zip <b>garden city NY 11530</b></p>	<p><b>Date of Receipt</b> 10 15 2004</p> <hr/> <p><b>Amount</b> 1 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b> <b>Richard Stadin</b></p> <hr/> <p>Mailing Address of Donor <b>969 Park Ave</b></p> <hr/> <p>City State Zip <b>NY NY 10028</b></p>	<p><b>Date of Receipt</b> 10 12 2004</p> <hr/> <p><b>Amount</b> 1 0 0 0 0 0</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	<p><b>6 5 0 0 0 0</b></p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page to line 3)</p>	<p><b>9 7 4 8 7 2 5 0 0</b></p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b>  <b>Charles Stark</b></p> <p>Mailing Address of Donor  <b>285 Avenue C, Apt. 7B</b></p> <p>City State Zip  <b>New York NY 10009</b></p>	<p>Date of Receipt  <b>10/20/2004</b></p> <p>Amount  <b>100000</b></p>
<p><b>B. Full Name of Donor</b>  <b>E. Stephens</b></p> <p>Mailing Address of Donor  <b>PO Box 1052</b></p> <p>City State Zip  <b>Ross CA 94957</b></p>	<p>Date of Receipt  <b>10/15/2004</b></p> <p>Amount  <b>100000</b></p>
<p><b>C. Full Name of Donor</b>  <b>Lavina Stinson</b></p> <p>Mailing Address of Donor  <b>RR 4 Box 24B</b></p> <p>City State Zip  <b>Ligonier PA 15658</b></p>	<p>Date of Receipt  <b>10/20/2004</b></p> <p>Amount  <b>100000</b></p>
<p><b>D. Full Name of Donor</b>  <b>Rebecca Sugden</b></p> <p>Mailing Address of Donor  <b>2150 Kurt Court</b></p> <p>City State Zip  <b>Apopka FL 32703</b></p>	<p>Date of Receipt  <b>10/18/2004</b></p> <p>Amount  <b>100000</b></p>
<p><b>E. Full Name of Donor</b>  <b>Pat Sullivan</b></p> <p>Mailing Address of Donor  <b>10801 E. Happy Valley Rd. Lot 18</b></p> <p>City State Zip  <b>Scottsdale AZ 85255</b></p>	<p>Date of Receipt  <b>10/18/2004</b></p> <p>Amount  <b>250000</b></p>
<p><b>SUBTOTAL of Donations This Page (optional):</b> <b>650000</b></p>	
<p><b>TOTAL This Period (add page this line INSTEAD only):</b> <b>375522500</b>                      (carry total from last page to Line 9)</p>	

SCHEDULE 9-A

Donation(s) Received

<p><b>A. Full Name of Donor</b> Jim Sweet</p> <p>Mailing Address of Donor 10 Brogden Ct SE</p> <p>City State Zip Winter Haven FL 33880</p>	<p>Date of Receipt 10 26 2004</p> <p>Amount 100000</p>
<p><b>B. Full Name of Donor</b> 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 28 2004</p> <p>Amount 25000</p>
<p><b>C. Full Name of Donor</b> Steve Taylor</p> <p>Mailing Address of Donor PO Box 80599</p> <p>City State Zip Salinas CA 93912</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 250000</p>
<p><b>D. Full Name of Donor</b> Joseph Teresi</p> <p>Mailing Address of Donor 2400 Laguna Dr</p> <p>City State Zip Fort Lauderdale FL 33316</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 2000000</p>
<p><b>E. Full Name of Donor</b> Peter Trippie</p> <p>Mailing Address of Donor 2170 Coldwater Canyon Drive</p> <p>City State Zip Beverly Hills CA 90210</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 100000</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>2475000</p>
<p>TOTAL This Period (last page this IRS number only) .....</p> <p>(may total from last page in line 3)</p>	<p>377987500</p>



SCHEDULE 9-A  
Donation(s) Received

<p>A. Full Name of Donor <b>Peter Tripple</b></p> <p>Mailing Address of Donor <b>2170 Coldwater Canyon Drive</b></p> <p>City State Zip <b>Beverly Hills CA 90210</b></p>	<p>Date of Receipt <b>08 17 2004</b></p> <p>Amount <b>5000</b></p>
<p>B. Full Name of Donor <b>Peter Tripple</b></p> <p>Mailing Address of Donor <b>2170 Coldwater Canyon Drive</b></p> <p>City State Zip <b>Beverly Hills CA 90210</b></p>	<p>Date of Receipt <b>08 19 2004</b></p> <p>Amount <b>25000</b></p>
<p>C. Full Name of Donor <b>Peter Tripple</b></p> <p>Mailing Address of Donor <b>2170 Coldwater Canyon Drive</b></p> <p>City State Zip <b>BH CA 90210</b></p>	<p>Date of Receipt <b>08 21 2004</b></p> <p>Amount <b>10000</b></p>
<p>D. Full Name of Donor <b>Peter Tripple</b></p> <p>Mailing Address of Donor <b>2170 Coldwater Canyon Drive</b></p> <p>City State Zip <b>Beverly Hills CA 90210</b></p>	<p>Date of Receipt <b>08 09 2004</b></p> <p>Amount <b>10000</b></p>
<p>E. Full Name of Donor <b>Peter Tripple</b></p> <p>Mailing Address of Donor <b>2170 Coldwater Canyon Drive</b></p> <p>City State Zip <b>Beverly Hills CA 90210</b></p>	<p>Date of Receipt <b>05 18 2004</b></p> <p>Amount <b>10000</b></p>
<p>SUBTOTAL of Donations This Page (optional) .....</p> <p>TOTAL This Page (last page this line number only) .....</p> <p>(entry total from last page to Line 9)</p>	<p><b>60000</b></p> <p><b>378057500</b></p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Peter Tripple</p> <p>Mailing Address of Donor 2170 Coldwater Canyon Drive</p> <p>City State Zip Beverly Hills CA 90210</p>	<p>Date of Receipt 10/02/2004</p> <p>Amount 10000</p>
<p><b>B. Full Name of Donor</b> Peter L Tripple</p> <p>Mailing Address of Donor 2170 Coldwater Canyon Drive</p> <p>City State Zip Beverly Hills CA 90210</p>	<p>Date of Receipt 10/19/2004</p> <p>Amount 50000</p>
<p><b>C. Full Name of Donor</b> Richard Uihlein</p> <p>Mailing Address of Donor 1396 N. Waukegan Rd.</p> <p>City State Zip Lake Forest IL 60045</p>	<p>Date of Receipt 10/19/2004</p> <p>Amount 250000</p>
<p><b>D. Full Name of Donor</b> Timothy Unger</p> <p>Mailing Address of Donor 4200 JPMorgan Chase</p> <p>City State Zip Houston TX 77002</p>	<p>Date of Receipt 10/27/2004</p> <p>Amount 250000</p>
<p><b>E. Full Name of Donor</b> Archie Macalaste USN</p> <p>Mailing Address of Donor 30 Broad St</p> <p>City State Zip New York NY 10004</p>	<p>Date of Receipt 10/12/2004</p> <p>Amount 100000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ..... <b>660000</b></p> <p><b>TOTAL This Period (last page has the number only)</b> ..... <b>370717500</b> (only total from last page to Line 9)</p>	

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

<p><b>A. Full Name of Donor</b> Michael Valentine</p> <p><b>Mailing Address of Donor</b> 1861 Dexter Avenue</p> <p>City State Zip Cincinnati OH 45206</p>	<p><b>Date of Receipt</b> 10/20/2004</p> <p><b>Amount</b> 2,500.00</p>
<p><b>B. Full Name of Donor</b> James Vanianen</p> <p><b>Mailing Address of Donor</b> 836 Wildwood Rd S.W.</p> <p>City State Zip Roanoke VA 24014</p>	<p><b>Date of Receipt</b> 10/19/2004</p> <p><b>Amount</b> 2,500.00</p>
<p><b>C. Full Name of Donor</b> James Vanianen</p> <p><b>Mailing Address of Donor</b> 836 Wildwood Rd S.W.</p> <p>City State Zip Roanoke VA 24014</p>	<p><b>Date of Receipt</b> 10/19/2004</p> <p><b>Amount</b> 2,500.00</p>
<p><b>D. Full Name of Donor</b> Didier Varlet</p> <p><b>Mailing Address of Donor</b> 19 East Scott St</p> <p>City State Zip Chicago IL 60610</p>	<p><b>Date of Receipt</b> 10/18/2004</p> <p><b>Amount</b> 2,500.00</p>
<p><b>E. Full Name of Donor</b> Didier Varlet</p> <p><b>Mailing Address of Donor</b> 19 East Scott St</p> <p>City State Zip Chicago IL 60610</p>	<p><b>Date of Receipt</b> 10/09/2004</p> <p><b>Amount</b> 2,500.00</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p><b>5,750.00</b></p>
<p>TOTAL This Period (see page 555 line number only) .....</p> <p>(carry total from last page to Line #)</p>	<p><b>3,792,925.00</b></p>

SCHEDULE 3-A

Donation(s) Received

<p>A. Full Name of Donor <b>Didier Varlet</b></p> <p>Mailing Address of Donor <b>19 East Scott</b></p> <p>City State Zip <b>Chicago IL 60610</b></p>	<p>Date of Receipt <b>09 10 2004</b></p> <p>Amount <b>50000</b></p>
<p>B. Full Name of Donor <b>Gary Vogler</b></p> <p>Mailing Address of Donor <b>11451 S. W. 3RD. STREET</b></p> <p>City State Zip <b>PLANTATION FL 33325</b></p>	<p>Date of Receipt <b>10 10 2004</b></p> <p>Amount <b>25000</b></p>
<p>C. Full Name of Donor <b>Henry D. VonHagel</b></p> <p>Mailing Address of Donor <b>568 Cloverfield Ln.</b></p> <p>City State Zip <b>Fort Wright KY 41011</b></p>	<p>Date of Receipt <b>09 20 2004</b></p> <p>Amount <b>100000</b></p>
<p>D. Full Name of Donor <b>Jon Wack</b></p> <p>Mailing Address of Donor <b>2223 Tunnel Rd</b></p> <p>City State Zip <b>Oakland CA 94611</b></p>	<p>Date of Receipt <b>10 12 2004</b></p> <p>Amount <b>100000</b></p>
<p>E. Full Name of Donor <b>Beth Wade</b></p> <p>Mailing Address of Donor <b>1112 Park Avenue, 9A</b></p> <p>City State Zip <b>New York NY 10128</b></p>	<p>Date of Receipt <b>10 16 2004</b></p> <p>Amount <b>250000</b></p>
<p>SUBTOTAL of Donations This Page (optional) .....</p> <p>TOTAL This Period (last page this number only) .....</p> <p>(carry total from last page to line 9)</p>	<p><b>525000</b></p> <p><b>379817500</b></p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Beth Wade</p> <p>Mailing Address of Donor 1112 Park Avenue, 9A</p> <p>City State Zip New York NY 10128</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 250000</p>
<p><b>B. Full Name of Donor</b> Erwin Weichel</p> <p>Mailing Address of Donor 2959 SW Schaeffer Rd</p> <p>City State Zip West Linn OR 97068</p>	<p>Date of Receipt 10 29 2004</p> <p>Amount 100000</p>
<p><b>C. Full Name of Donor</b> Erwin Weichel</p> <p>Mailing Address of Donor 2959 SW Schaeffer Rd</p> <p>City State Zip West Linn OR 97068</p>	<p>Date of Receipt 08 25 2004</p> <p>Amount 250000</p>
<p><b>D. Full Name of Donor</b> Patricia Wenderitsch</p> <p>Mailing Address of Donor 6371 Ann Arbor Saline R</p> <p>City State Zip Saline MI 48176</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 100000</p>
<p><b>E. Full Name of Donor</b> James A. West</p> <p>Mailing Address of Donor 172 West Rd</p> <p>City State Zip Butler PA 16002</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>575000</p>
<p>TOTAL This Period (add page this line number every [carry total from last page to Line B]) .....</p>	<p>380392500</p>

SCHEDULE 9-A  
Donation(s) Received

<p>A. Full Name of Donor <b>Wendy W. Weyerhaeuser</b></p> <p>Mailing Address of Donor <b>11801 Gravelly Lake Dr SW</b></p> <p>City State Zip <b>Tacoma WA 98499</b></p>	<p>Date of Receipt <b>10/15/2004</b></p> <p>Amount <b>100000</b></p>
<p>B. Full Name of Donor <b>Benny White</b></p> <p>Mailing Address of Donor <b>1715 E. Kleindale Rd.</b></p> <p>City State Zip <b>Tucson AZ 85719</b></p>	<p>Date of Receipt <b>10/15/2004</b></p> <p>Amount <b>50000</b></p>
<p>C. Full Name of Donor <b>Benny White</b></p> <p>Mailing Address of Donor <b>1715 E. Kleindale Rd.</b></p> <p>City State Zip <b>Tucson AZ 85719</b></p>	<p>Date of Receipt <b>08/04/2004</b></p> <p>Amount <b>25000</b></p>
<p>D. Full Name of Donor <b>Benny White</b></p> <p>Mailing Address of Donor <b>1715 E. Kleindale Rd.</b></p> <p>City State Zip <b>Tucson AZ 85719</b></p>	<p>Date of Receipt <b>08/19/2004</b></p> <p>Amount <b>25000</b></p>
<p>E. Full Name of Donor <b>Benny White</b></p> <p>Mailing Address of Donor <b>1715 E. Kleindale Rd.</b></p> <p>City State Zip <b>Tucson AZ 85719</b></p>	<p>Date of Receipt <b>08/22/2004</b></p> <p>Amount <b>25000</b></p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p><b>225000</b></p>
<p>TOTAL This Period (last page this line number only) .....</p> <p>(carry total from last page to Line 9)</p>	<p><b>380617500</b></p>

SCHEDULE 9-A  
Donation(s) Received

<p><b>A. Full Name of Donor</b> james white</p> <p>Mailing Address of Donor 2576 fallen leaf lane</p> <p>City State Zip charlottesville VA 22901</p>	<p>Date of Receipt 10/17/2004</p> <p>Amount 50000</p>
<p><b>B. Full Name of Donor</b> james white</p> <p>Mailing Address of Donor 2576 fallen leaf lane</p> <p>City State Zip charlottesville VA 22901</p>	<p>Date of Receipt 10/12/2004</p> <p>Amount 50000</p>
<p><b>C. Full Name of Donor</b> Robert Whitley</p> <p>Mailing Address of Donor 5011 Avenue B</p> <p>City State Zip Torrance CA 90505</p>	<p>Date of Receipt 10/21/2004</p> <p>Amount 50000</p>
<p><b>D. Full Name of Donor</b> Robert Whitley</p> <p>Mailing Address of Donor 5011 Avenue B</p> <p>City State Zip Torrance CA 90505</p>	<p>Date of Receipt 08/28/2004</p> <p>Amount 50000</p>
<p><b>E. Full Name of Donor</b> John Wier</p> <p>Mailing Address of Donor 31 Victors Chase</p> <p>City State Zip Sugar Land TX 77479</p>	<p>Date of Receipt 10/18/2004</p> <p>Amount 50000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> .....</p>	<p>250000</p>
<p><b>TOTAL This Period (add page this line number only)</b> .....</p> <p>(carry total from last page to Line 9)</p>	<p>380867500</p>

**SCHEDULE 9-A**

**Donation(s) Received:**

<p><b>A. Full Name of Donor</b> John Wier</p> <p><b>Mailing Address of Donor</b> 31 Victors Chase</p> <p>City State Zip Sugar Land TX 77479</p>	<p><b>Date of Receipt</b> 08/20/2004</p> <p><b>Amount</b> 50000</p>
<p><b>B. Full Name of Donor</b> Doug Wilkerson</p> <p><b>Mailing Address of Donor</b> PO Box 987</p> <p>City State Zip Grayson GA 30017</p>	<p><b>Date of Receipt</b> 10/19/2004</p> <p><b>Amount</b> 100000</p>
<p><b>C. Full Name of Donor</b> Michael Willett</p> <p><b>Mailing Address of Donor</b> 5 Oriole Way</p> <p>City State Zip Ringoes NJ 08551</p>	<p><b>Date of Receipt</b> 10/20/2004</p> <p><b>Amount</b> 50000</p>
<p><b>D. Full Name of Donor</b> William Williams</p> <p><b>Mailing Address of Donor</b> 100 Westcliff Rd</p> <p>City State Zip Weston MA 02493</p>	<p><b>Date of Receipt</b> 10/18/2004</p> <p><b>Amount</b> 100000</p>
<p><b>E. Full Name of Donor</b> Richard Wilson</p> <p><b>Mailing Address of Donor</b> 1027 Rosewood Ave B-1</p> <p>City State Zip Boulder CO 80304</p>	<p><b>Date of Receipt</b> 10/18/2004</p> <p><b>Amount</b> 50000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p> <p><b>TOTAL This Period (last page this line number only)</b> ▶ (carry total from last page to Line 9)</p>	<p><b>350000</b></p> <p><b>381217500</b></p>



**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b> Richard Wilson</p> <hr/> <p><b>Mailing Address of Donor</b> 1027 Rosewood Ave. B-1</p> <hr/> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Boulder                      CO                      80304</p>	<p><b>Date of Receipt</b></p> <p>MM/DD/YYYY 09/20/2004</p> <p><b>Amount</b></p> <p>50000</p>
<p><b>B. Full Name of Donor</b> Bert Winston, Jr.</p> <hr/> <p><b>Mailing Address of Donor</b> PO Box 248</p> <hr/> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Hunt                      TX                      78024</p>	<p><b>Date of Receipt</b></p> <p>MM/DD/YYYY 10/20/2004</p> <p><b>Amount</b></p> <p>100000</p>
<p><b>C. Full Name of Donor</b> Mark Winters</p> <hr/> <p><b>Mailing Address of Donor</b> P. O. Box 8123</p> <hr/> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Klamath Falls                      OR                      97602</p>	<p><b>Date of Receipt</b></p> <p>MM/DD/YYYY 10/15/2004</p> <p><b>Amount</b></p> <p>50000</p>
<p><b>D. Full Name of Donor</b> Eyakem Woidehanna</p> <hr/> <p><b>Mailing Address of Donor</b> PO Box 173</p> <hr/> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Pahrump                      NV                      89041</p>	<p><b>Date of Receipt</b></p> <p>MM/DD/YYYY 10/15/2004</p> <p><b>Amount</b></p> <p>100000</p>
<p><b>E. Full Name of Donor</b> Eyakem Woidehanna</p> <hr/> <p><b>Mailing Address of Donor</b> PO Box 173</p> <hr/> <p><b>City</b>                      <b>State</b>                      <b>Zip</b> Pahrump                      NV                      89041</p>	<p><b>Date of Receipt</b></p> <p>MM/DD/YYYY 09/17/2004</p> <p><b>Amount</b></p> <p>30000</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p> <hr/> <p><b>TOTAL This Period (last page THIS line number only)</b> ▶ (carry total from last page to Line 9)</p>	<p>330000</p> <hr/> <p>381547500</p>

**SCHEDULE 9-A**

**Donation(s) Received**

<p><b>A. Full Name of Donor</b>  <b>Alan Wright</b></p> <p>Mailing Address of Donor  <b>12555 Mivdaster Rd</b></p> <p>City State Zip  <b>Saint Louis MO 63131</b></p>	<p><b>Date of Receipt</b>                  OCT 20 2004                  10 20 2004</p> <p><b>Amount</b>                  1 0 0 0 0 0</p>
<p><b>B. Full Name of Donor</b>  <b>David Young</b></p> <p>Mailing Address of Donor  <b>3225 Sierra Ct. SW</b></p> <p>City State Zip  <b>Issaquah WA 98027</b></p>	<p><b>Date of Receipt</b>                  OCT 18 2004                  10 18 2004</p> <p><b>Amount</b>                  1 0 0 0 0 0</p>
<p><b>C. Full Name of Donor</b>  <b>David Young</b></p> <p>Mailing Address of Donor  <b>3225 Sierra Ct. SW</b></p> <p>City State Zip  <b>Issaquah WA 98027</b></p>	<p><b>Date of Receipt</b>                  OCT 21 2004                  10 21 2004</p> <p><b>Amount</b>                  5 0 0 0 0 0</p>
<p><b>D. Full Name of Donor</b>  <b>michael young</b></p> <p>Mailing Address of Donor  <b>3701 stevenson</b></p> <p>City State Zip  <b>austin TX 78703</b></p>	<p><b>Date of Receipt</b>                  OCT 12 2004                  10 12 2004</p> <p><b>Amount</b>                  1 0 0 0 0 0</p>
<p><b>E. Full Name of Donor</b>  <b>Richard W. Young</b></p> <p>Mailing Address of Donor  <b>5633 Sanctuary Dr NE</b></p> <p>City State Zip  <b>ADA MI 49301</b></p>	<p><b>Date of Receipt</b>                  OCT 26 2004                  10 26 2004</p> <p><b>Amount</b>                  1 0 0 0 0 0</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ▶</p> <p><b>TOTAL This Period (last page this line number only)</b> ▶                  (carry total from next page to Line 9)</p>	<p><b>4 5 0 0 0 0</b></p> <p><b>3 8 1 9 9 7 5 0 0</b></p>

SCHEDULE 9-A  
Donation(s) Received

<p>A. Full Name of Donor <b>Michael Zimmerman</b></p> <p>Mailing Address of Donor <b>8102 Edgeware Ln.</b></p> <p>City                      State                      Zip <b>Louisville                      KY                      40220</b></p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 50000</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) ..... ▶ 50000</p> <p>TOTAL This Period (last page first number only) ..... ▶ 382047500 (carry total from last page to Line 9)</p>	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Chris LaCivita Consulting		<b>Date of Disbursement or Obligation</b> 10/29/2004	
<b>Mailing Address of Payee</b> 13604 Timberlake Court		<b>Amount</b> 383300	
<b>City</b> Midlothian	<b>State</b> VA	<b>Zip Code</b> 23311	<b>Communication Date</b> 10/29/2004
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Copywriting & Production			
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services		<b>Date of Disbursement or Obligation</b> 10/19/2004	
<b>Mailing Address of Payee</b> 600 Fairmount Avenue, Suite 306		<b>Amount</b> 46270575	
<b>City</b> Towson	<b>State</b> MD	<b>Zip Code</b> 21286	<b>Communication Date</b> 10/22/2004
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Commission			
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		46603875	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to line 10)		46603875	

24038584977

**SCHEDULE B-B**

PAGE 34 OF 100

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Stevens Reed Curcio & Patholm		<b>Date of Disbursement or Obligation</b> 10/21/2004
<b>Mailing Address of Payee</b> 305 Cameron Street		<b>Amount</b> 3860000
<b>City</b> Alexandria	<b>State</b> VA	<b>Zip Code</b> 22314
<b>Name of Employer</b> Occupation		<b>Communication Date</b> 10/22/2004
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Production		
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>B. Full Name (Last, First, Middle Initial) of Payor</b> WFLA-TV		<b>Date of Disbursement or Obligation</b> 10/19/2004
<b>Mailing Address of Payor</b> 200 South Parker Street		<b>Amount</b> 19710500
<b>City</b> Tampa	<b>State</b> FL	<b>Zip Code</b> 33606
<b>Name of Employer</b> Occupation		<b>Communication Date</b> 10/22/2004
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy		
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		17370500
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)		63974375

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WFTS-TV</b>		<b>Date of Disbursement or Obligation</b> 10 / 19 / 2004	
<b>Mailing Address of Payee</b> <b>4045 North Himes Avenue</b>		<b>Amount</b> <b>7361000</b>	
<b>City</b> <b>Tampa</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>33607</b>	<b>Communication Date</b> 10 / 22 / 2004
<b>Name of Employer</b> 		<b>Occupation</b> 	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> 	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b> 	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> 	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b> 	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> 	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WTSP-TV</b>		<b>Date of Disbursement or Obligation</b> 10 / 18 / 2004	
<b>Mailing Address of Payee</b> <b>11450 Gandy Blvd.</b>		<b>Amount</b> <b>21316000</b>	
<b>City</b> <b>St. Petersburg</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>33702</b>	<b>Communication Date</b> 10 / 22 / 2004
<b>Name of Employer</b> 		<b>Occupation</b> 	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> 	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b> 	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> 	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b> 	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> 	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		<b>28679000</b>	
<b>TOTAL This Period (last page has the number only)</b> (carry total from last page to line 10)		<b>92653375</b>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WTVT-TV</b>		<b>Date of Disbursement or Obligation</b> MONTH DAY YEAR 10 19 2004	
<b>Mailing Address of Payee</b> <b>3213 West Kennedy Blvd.</b>		<b>Amount</b> \$ 1 5 5 4 6 5 0 0	
<b>City</b> <b>Tampa</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>33609</b>	<b>Communication Date</b> MONTH DAY YEAR 10 22 2004
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WALA-TV</b>		<b>Date of Disbursement or Obligation</b> MONTH DAY YEAR 10 19 2004	
<b>Mailing Address of Payee</b> <b>1501 Satchel Paige Drive</b>		<b>Amount</b> \$ 2 8 0 7 5 7 0	
<b>City</b> <b>Mable</b>	<b>State</b> <b>AL</b>	<b>Zip Code</b> <b>36806</b>	<b>Communication Date</b> MONTH DAY YEAR 10 22 2004
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>GRAND TOTAL of Disbursements/Obligations This Page (optional)</b>		<b>1 8 3 5 4 0 7 0</b>	
<b>TOTAL This Period (last page this line number only)</b> (carry info from last page to line 10)		<b>1 1 0 0 7 4 4 5</b>	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WEAR-TV</b>		<b>Date of Disbursement or Obligation</b> 10 19 2004	
<b>Mailing Address of Payee</b> <b>4990 Mobile Highway</b>		<b>Amount</b> 14211150	
<b>City</b> <b>Pensacola</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>32506</b>	<b>Communication Date</b> 10 22 2004
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (including file(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WKRK-TV</b>		<b>Date of Disbursement or Obligation</b> 10 19 2004	
<b>Mailing Address of Payee</b> <b>555 Broadcast Drive</b>		<b>Amount</b> 9854750	
<b>City</b> <b>Mobile</b>	<b>State</b> <b>AL</b>	<b>Zip Code</b> <b>36606</b>	<b>Communication Date</b> 10 22 2004
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (including file(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		<b>18065900</b>	
<b>TOTAL This Period (last page sub line number only)</b> (carry total from last page to Line 10)		<b>129073345</b>	



SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payer</b> <b>WPXI-TV</b>		<b>Date of Disbursement or Obligation</b> 10/19/2004	
<b>Mailing Address of Payer</b> <b>661 Azalea Road</b>		<b>Amount</b> 2220200	
<b>City</b> <b>Mobile</b>	<b>State</b> <b>AL</b>	<b>Zip Code</b> <b>36508</b>	<b>Commission Date</b> 10/22/2004
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payer</b> <b>WAVS-TV</b>		<b>Date of Disbursement or Obligation</b> 10/19/2004	
<b>Mailing Address of Payer</b> <b>11700 Central Parkway</b>		<b>Amount</b> 2000000	
<b>City</b> <b>Jacksonville</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>32224</b>	<b>Commission Date</b> 10/22/2004
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		<b>5110200</b>	
<b>TOTAL This Period (last page this line number only)</b> (carry over from last page to line 50)		<b>134183545</b>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WJXT-TV</b>		<b>Date of Disbursement or Obligation</b> 1 0 2 1 9 2 0 0 4	
<b>Mailing Address of Payee</b> <b>4 Broadcast Plaza</b>		<b>Amount</b> 4 8 4 5 0 0 0	
<b>City</b> <b>Jacksonville</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>33207</b>	<b>Communication Date</b> 1 0 2 2 2 0 0 4
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> District	<b>Disbursement/Obligation For</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>State</b>	<b>Disbursement/Obligation For</b>
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>State</b>	<b>Disbursement/Obligation For</b>
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WJXX-TV</b>		<b>Date of Disbursement or Obligation</b> 1 0 2 1 9 2 0 0 4	
<b>Mailing Address of Payee</b> <b>1070 East Adams Street</b>		<b>Amount</b> 2 4 0 5 5 0 0	
<b>City</b> <b>Jacksonville</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>32202</b>	<b>Communication Date</b> 1 0 2 2 2 0 0 4
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> District	<b>Disbursement/Obligation For</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>State</b>	<b>Disbursement/Obligation For</b>
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>State</b>	<b>Disbursement/Obligation For</b>
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		7 2 5 0 5 0 0	
<b>TOTAL This Period (last page line the number only)</b> (carry total from last page to Line 10)		1 4 1 4 3 4 0 4 5	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WTEV-TV</b>		<b>Date of Disbursement or Obligation</b> 10/19/2004	
<b>Mailing Address of Payee</b> <b>11700 Central Parkway</b>		<b>Amount</b> <b>8075000</b>	
<b>City</b> <b>Jacksonville</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>32224</b>	<b>Contribution Date</b> 10/22/2004
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (including use(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WTLV-TV</b>		<b>Date of Disbursement or Obligation</b> 10/19/2004	
<b>Mailing Address of Payee</b> <b>1070 East Adams Street</b>		<b>Amount</b> <b>13187750</b>	
<b>City</b> <b>Jacksonville</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>32202</b>	<b>Contribution Date</b> 10/22/2004
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (including use(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		<b>21262750</b>	
<b>TOTAL This Period (last page this one number only)</b> (copy total from last page to line 10)		<b>162698795</b>	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WGFL-TV</b>		<b>Date of Disbursement or Obligation</b> 10 19 2004	
<b>Mailing Address of Payee</b> <b>4190 NW 93rd Avenue</b>		<b>Amount</b> <b>1172150</b>	
<b>City</b> <b>Gainesville</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>32653</b>	<b>Communication Date</b> 10 22 2004
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WOGX-TV</b>		<b>Date of Disbursement or Obligation</b> 10 19 2004	
<b>Mailing Address of Payee</b> <b>1551 SW 37th Avenue</b>		<b>Amount</b> <b>6170550</b>	
<b>City</b> <b>Ocala</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>33474</b>	<b>Communication Date</b> 10 22 2004
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		<b>6342700</b>	
<b>TOTAL This Period (last page this line number only)</b> (many take from last page to line 50)		<b>169639495</b>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <b>WBBH-TV</b>			Date of Disbursement or Obligation 10 19 2004
Mailing Address of Payee <b>3718 Central Avenue</b>			Amount <b>7259000</b>
City <b>Ft. Myers</b>	State <b>FL</b>	Zip Code <b>33901</b>	Communication Date 10 22 2004
Name of Employer		Occupation	

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

**Media Buy**

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

B. Full Name (Last, First, Middle Initial) of Payee <b>WFTX-TV</b>			Date of Disbursement or Obligation 10 18 2004
Mailing Address of Payee <b>621 SW Pine Island Road</b>			Amount <b>1708500</b>
City <b>Cape Coral</b>	State <b>FL</b>	Zip Code <b>33991</b>	Communication Date 10 22 2004
Name of Employer		Occupation	

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

**Media Buy**

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

SUBTOTAL of Disbursements/Obligations This Page (total) ▶

**8967500**

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

**178008995**

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WINK-TV</b>		<b>Date of Disbursement or Obligation</b> 10 19 2004	
<b>Mailing Address of Payee</b> <b>2824 Palm Beach Blvd.</b>		<b>Amount</b> 8279000	
<b>City</b> <b>Fl. Myers</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>33016</b>	<b>Communication Date</b> 10 22 2004
<b>Name of Employer</b> Occupational			
<b>Purpose of Disbursement (including title(s) of contribution(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WZVN-TV</b>		<b>Date of Disbursement or Obligation</b> 10 19 2004	
<b>Mailing Address of Payee</b> <b>3719 Central Avenue</b>		<b>Amount</b> 2592500	
<b>City</b> <b>Fl. Myers</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>33001</b>	<b>Communication Date</b> 10 22 2004
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (including title(s) of contribution(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		<b>10871500</b>	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to line 10)		<b>188878495</b>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WCTV-TV</b>				<b>Date of Disbursement or Obligation</b> 10 19 2004	
<b>Mailing Address of Payee</b> <b>4000 County Road 12</b>				<b>Amount</b> 13183500	
<b>City</b> <b>Tallahassee</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>32312</b>		<b>Communication Date</b> 10 22 2004	
<b>Name of Employer</b> <b>Occupation</b>					
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>					
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> <b>District</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>House</b> <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> <b>District</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>House</b> <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> <b>District</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WTLH-TV</b>				<b>Date of Disbursement or Obligation</b> 10 19 2004	
<b>Mailing Address of Payee</b> <b>950 Commerce Blvd.</b>				<b>Amount</b> 7310000	
<b>City</b> <b>Midway</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>32343</b>		<b>Communication Date</b> 10 22 2004	
<b>Name of Employer</b> <b>Occupation</b>					
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>					
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> <b>District</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>House</b> <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> <b>District</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>House</b> <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> <b>District</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>SUBTOTAL of Disbursements/Obligations This Page (if/when)</b>				13914500	
<b>TOTAL This Period (last page (no line number only))</b> (carry total from last page to Line 10)				202792995	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WTWC-TV</b>		<b>Date of Disbursement or Obligation</b> 10 / 19 / 2004	
<b>Mailing Address of Payee</b> <b>8440 Deerlake Road South</b>		<b>Amount</b> <b>447100</b>	
<b>City</b> <b>Tallahassee</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>32312</b>	<b>Communication Date</b> 10 / 22 / 2004
<b>Name of Employer</b> Occupants			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WTXL-TV</b>		<b>Date of Disbursement or Obligation</b> 10 / 19 / 2004	
<b>Mailing Address of Payee</b> <b>8440 Deerlake Road South</b>		<b>Amount</b> <b>510000</b>	
<b>City</b> <b>Tallahassee</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>32312</b>	<b>Communication Date</b> 10 / 22 / 2004
<b>Name of Employer</b> Occupants			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>SUBTOTAL of Disbursement/Obligations This Page (optional)</b>		<b>957100</b>	
<b>TOTAL This Period (last page thru line number only)</b> (carry total from last page to line 10)		<b>203750095</b>	



SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WJHG-TV</b>		<b>Date of Disbursement or Obligation</b> 10/19/2004	
<b>Mailing Address of Payee</b> <b>8196 Front Beach Road</b>		<b>Amount</b> <b>5729050</b>	
<b>City</b> <b>Panama City</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>32407</b>	<b>Communication Date</b> 10/22/2004
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WMBB-TV</b>		<b>Date of Disbursement or Obligation</b> 10/19/2004	
<b>Mailing Address of Payee</b> <b>613 Harrison Avenue</b>		<b>Amount</b> <b>3175600</b>	
<b>City</b> <b>Panama City</b>	<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>32401</b>	<b>Communication Date</b> 10/22/2004
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		<b>3898650</b>	
<b>TOTAL This Period (last page the line number only)</b> (carry total from last page to line 10)		<b>212648745</b>	

**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WPGX-TV				<b>Date of Disbursement or Obligation</b> Year Month Day 1 0 1 9 2 0 0 4	
<b>Mailing Address of Payee</b> 637 Luverne Avenue				<b>Amount</b> \$ 3 5 7 0 0 0	
<b>City</b> Panama City	<b>State</b> FL	<b>Zip Code</b> 32401		<b>Communication Date</b> Year Month Day 1 0 0 2 2 0 0 4	
<b>Name of Employer</b> Occupation					
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy					
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State</b> District	<b>Disbursement/Obligation For</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>State</b> District	<b>Disbursement/Obligation For</b>		
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>State</b> District	<b>Disbursement/Obligation For</b>		
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WUPA-TV				<b>Date of Disbursement or Obligation</b> Year Month Day 1 0 2 0 2 0 0 4	
<b>Mailing Address of Payee</b> 4 Seagate				<b>Amount</b> \$ 3 4 5 5 2 5 0	
<b>City</b> Toledo	<b>State</b> OH	<b>Zip Code</b> 43604		<b>Communication Date</b> Year Month Day 1 0 2 3 2 0 0 4	
<b>Name of Employer</b> Occupation					
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy					
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State</b> District	<b>Disbursement/Obligation For</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>State</b> District	<b>Disbursement/Obligation For</b>		
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>State</b> District	<b>Disbursement/Obligation For</b>		
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				3 8 1 2 2 5 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 14)				2 1 6 4 6 0 9 5	

24038584991

**SCHEDULE 3-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> WNWO-TV		<b>Date of Disbursement or Obligation</b> 10 20 2004	
<b>Mailing Address of Payee</b> 300 South Byrne Road		<b>Amount</b> 111,545.50	
<b>City</b> Toledo	<b>State</b> OH	<b>Zip Code</b> 43615	<b>Communication Date</b> 10 20 2004
<b>Name of Employer</b> Occupations			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy			
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> WTVG-TV		<b>Date of Disbursement or Obligation</b> 10 20 2004	
<b>Mailing Address of Payee</b> 4247 Don Street		<b>Amount</b> 66,045.00	
<b>City</b> Toledo	<b>State</b> OH	<b>Zip Code</b> 43607	<b>Communication Date</b> 10 23 2004
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy			
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		177,590.50	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 19)		234,220.45	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WYTV-TV</b>		<b>Date of Disbursement or Obligation</b> Month: 10 Year: 2004 Day: 20	
<b>Mailing Address of Payee</b> <b>3800 Shady Run Road</b>		<b>Amount</b> \$ 194,437.50	
<b>City</b> Youngstown	<b>State</b> OH	<b>Zip Code</b> 44502	
<b>Name of Employer</b> Occupation		<b>Communication Date</b> Month: 10 Year: 2004 Day: 23	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WJW-TV</b>		<b>Date of Disbursement or Obligation</b> Month: 10 Year: 2004 Day: 20	
<b>Mailing Address of Payee</b> <b>5800 South Marginal Road</b>		<b>Amount</b> \$ 126,820.00	
<b>City</b> Cleveland	<b>State</b> OH	<b>Zip Code</b> 44103	
<b>Name of Employer</b> Occupation		<b>Communication Date</b> Month: 10 Year: 2004 Day: 23	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> John F. Kerry	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		\$ 321,257.50	
<b>TOTAL This Period (last page file line number only)</b> (carry total from last page to Line 30)		\$ 266,345.75	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WKYC-TV</b>		<b>Date of Disbursement or Obligation</b> Month: 10 Year: 2004	
<b>Mailing Address of Payee</b> <b>1333 Lakeside Avenue</b>		<b>Amount</b> <b>7006250</b>	
<b>City</b> <b>Cleveland</b>	<b>State</b> <b>OH</b>	<b>Zip Code</b> <b>44114</b>	<b>Communication Date</b> Month: 10 Year: 2004
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WOIO-TV</b>		<b>Date of Disbursement or Obligation</b> Month: 10 Year: 2004	
<b>Mailing Address of Payee</b> <b>1717 East 12th Street</b>		<b>Amount</b> <b>15776850</b>	
<b>City</b> <b>Cleveland</b>	<b>State</b> <b>OH</b>	<b>Zip Code</b> <b>44114</b>	<b>Communication Date</b> Month: 10 Year: 2004
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>
<b>SUBTOTAL of Disbursements/Obligations This Page (optional):</b>		<b>22785100</b>	
<b>TOTAL This Period (last page line number only):</b> (carry total from last page to line 10)		<b>289130895</b>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WEWS-TV</b>		<b>Date of Disbursement or Obligation</b> 10-20-2004	
<b>Mailing Address of Payee</b> <b>3001 Euclid Avenue</b>		<b>Amount</b> 2380000	
<b>City</b> <b>Cleveland</b>	<b>State</b> <b>OH</b>	<b>Zip Code</b> <b>44115</b>	<b>Communication Date</b> 10-23-2004
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement(s) (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>WBNS-TV</b>		<b>Date of Disbursement or Obligation</b> 10-20-2004	
<b>Mailing Address of Payee</b> <b>770 Twin Rivers Drive</b>		<b>Amount</b> 10727000	
<b>City</b> <b>Columbus</b>	<b>State</b> <b>OH</b>	<b>Zip Code</b> <b>43215</b>	<b>Communication Date</b> 10-23-2004
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement(s) (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		<b>34527000</b>	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to line 10)		<b>323657895</b>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <b>WSYX-TV</b>			Date of Disbursement or Obligation 10/20/04
Mailing Address of Payee <b>1261 Dublin Road</b>			Amount <b>5992500</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Communication Date 10/23/04
Name of Employer Occupation			

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

Media Buy

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

B. Full Name (Last, First, Middle Initial) of Payee <b>WCMH-TV</b>			Date of Disbursement or Obligation 10/20/04
Mailing Address of Payee <b>3165 Olentangy River Road</b>			Amount <b>7845500</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43202</b>	Communication Date 10/23/04
Name of Employer Occupation			

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

Media Buy

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

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

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

13838000  
337495895

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>WTTE-TV</b>		<b>Date of Disbursement or Obligation</b> 10/23/2004	
<b>Mailing Address of Payee</b> <b>3165 Olentangy River Road</b>		<b>Amount</b> 4101250	
<b>City</b> <b>Columbus</b>	<b>State</b> <b>OH</b>	<b>Zip Code</b> <b>43202</b>	<b>Communication Date</b> 11/02/2004
<b>Name of Employer</b> Corporation			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <b>Media Buy</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>State</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>State</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>		<b>Date of Disbursement or Obligation</b>	
<b>Mailing Address of Payee</b>		<b>Amount</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Communication Date</b>
<b>Name of Employer</b> Corporation			
<b>Purpose of Disbursement (including title(s) of communication(s))</b>			
<b>Name of Federal Candidate</b> <b>John F. Kerry</b>	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>State</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>State</b> District:	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		<b>4101250</b>	
<b>TOTAL This Period (last page has line number only)</b> (carry total from last page to Line 10)		<b>341597145</b>	



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

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

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

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