

Fax Cover Sheet

From: Progress for America Voter Fund

To: Federal Election Commission
Fax: (202) 219-0174

Date: June 25, 2004

Pages: 20 (including fax cover sheet)

Notes: Progress for America Voter Fund, FEC Form 9

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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

(a) Name: Progress for America Voter Fund

(b) Address (number and street) check if different than previously reported: P.O. Box 57167

(c) City, State and ZIP Code: Washington, DC 20037

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

(e) Occupation: N/A

2. FEC Identification Number
 N/A

3. Is This Statement
 New
 or
 Amended

4. Covering Period
 FROM: 06/01/04 TO: 06/24/04
 THROUGH: 06/24/04

5. (a) Date of Public Distribution: 06/24/2004 **(b) Communication Title:** "What If?"

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

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

8. Contact Person of Records

(a) Name: Mary Anne Carter

(b) Address (number and street): P.O. Box 57167

(c) City, State and ZIP Code: Washington, DC 20037

(d) Name of Employer or Principal Place of Business: NAC Research

(e) Occupation: Consultant

9. Total Donations This Statement: 1,600,000.00

10. Total Disbursements/Obligations This Statement: 528,867.80

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: Brian McCabe, President

SIGNATURE: Brian McCabe DATE: 6/25/04

NOTE: Submission of false, erroneous or fraudulent information may subject the person signing this statement to the penalties of 18 U.S.C. 1001.

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

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11. Person(s) Sharing/Exercising Control

A. (a) Name	
Brian McCabe	
(b) Address (number and street)	
P.O. Box 57167	
(c) City, State and ZIP Code	
Washington, DC 20037	
(d) Name of Employer or Principal Place of Business	(e) Occupation
DGI Group LLC	Partner
B. (a) Name	
Mary Ann Carter	
(b) Address (number and street)	
P.O. Box 57167	
(c) City, State and ZIP Code	
Washington, DC 20037	
(d) Name of Employer or Principal Place of Business	(e) Occupation
MAC Research	Consultant
C. (a) Name	
Ralph Brown	
(b) Address (number and street)	
P.O. Box 57167	
(c) City, State and ZIP Code	
Washington, DC 20037	
(d) Name of Employer or Principal Place of Business	(e) Occupation
McDonald, Brown and Fagen	Attorney
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	
(e) Occupation	
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	
(e) Occupation	

SCHEDULE 9-A
Donation(s) Received

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<p>A. Full Name of Donor <u>Rick Carver</u> Mailing Address of Donor <u>101 The Grove Drive</u> City State Zip <u>Los Angeles, CA 90036</u></p>	<p>Date of Receipt 06 11 2004 Amount 1000000000</p>
<p>B. Full Name of Donor <u>Jerry Perenchio Living Trust</u> Mailing Address of Donor <u>1999 Avenue of the Stars, Suite 3050</u> City State Zip <u>Los Angeles, CA 90067</u></p>	<p>Date of Receipt 06 17 2004 Amount 1000000000</p>
<p>C. Full Name of Donor <u>Paul Singer</u> Mailing Address of Donor <u>712 5th Avenue, Suite 3500</u> City State Zip <u>New York, NY 10019</u></p>	<p>Date of Receipt 06 11 2004 Amount 5000000000</p>
<p>D. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>
<p>E. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>

<p>SUBTOTAL of Columns This Page (optional) ▶</p>	<p>1600000000</p>
<p>TOTAL This Period (omit page title and number only) ▶ (carry total from last page to Line 8)</p>	<p>1600000000</p>

SCHEDULE 3-B

Disbursement(s) Made or Obligation(s)

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A. Full Name (Last, First, Middle Initial) of Payee McCarthy Marcus Hennings, Ltd.		Date of Disbursement or Obligation 7.5, 2.3, 2004	
Mailing Address of Payee 1850 K Street, NW, Suite 235		Amount 2534371	
City Washington,	State DC	Zip Code 20036	Communication Date 0.6, 2.4, 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) Media Production - TV ad - "What If?"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House	State NV, NM	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) National Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> Senate	State NV, NM	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) National Conv.
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 KLAS-TV		Date of Disbursement or Obligation 0.6, 2.3, 2004	
Mailing Address of Payee 8220 Charanal B Dr		Amount 2608323	
City Las Vegas	State NV	Zip Code 89103	Communication Date 0.6, 2.4, 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [6/24-7/4] "What If?"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House	State NV	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> Senate	State NV	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (last page this line number only) (copy total from last page to line 10)			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE 5 OF 19

A. Full Name (Last, First, Middle Initial) of Payee KTRV-TV		Date of Disbursement or Obligation 06/23/2004	
Mailing Address of Payee 3335 S Valley View Blvd		Amount \$1,144,110.00	
City Las Vegas	State NV	Zip Code 89102	Communication Date 06/24/2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including State) of communication(s) TV Advertising time [6/24-7/4] "What If"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House	State NV	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> House	State NV	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Nat'l Conv.
Name of Federal Candidate N/A	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State 	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) -
B. Full Name (Last, First, Middle Initial) of Payee WVBC-TV		Date of Disbursement or Obligation 06/23/2004	
Mailing Address of Payee 1500 Forecaster Lane		Amount \$4,785.00	
City Las Vegas	State NV	Zip Code 89101	Communication Date 06/24/2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including State) of communication(s) TV Advertising time [6/24-7/4] "What If"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House	State NV	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> House	State NV	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Nat'l Conv.
Name of Federal Candidate N/A	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State 	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) -
SUBTOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (last page of this number only) (carry total from last page to Line 10)			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

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A. Full Name (Last, First, Middle Initial) of Payee KOAT-TV Mailing Address of Payee 3801 Cavities NE City: Albuquerque State: NM Zip Code: 87125 Name of Employer: R/A Occupation: R/A		Date of Disbursement or Obligation 06/23/2004 Amount \$ 2,100.00 Contribution Date 06/24/2004
Purpose of Disbursement (including type) of communication(s) TV Advertising time [6/24-7/4] "What If"		
Name of Federal Candidate: Pres. George W. Bush Office Sought: President	<input type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate: Sen. John Kerry Office Sought: President	<input type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
B. Full Name (Last, First, Middle Initial) of Payee KOB-TV Mailing Address of Payee 4 Broadcast Plaza SW City: Albuquerque State: NM Zip Code: 87103 Name of Employer: N/A Occupation: N/A		Date of Disbursement or Obligation 06/23/2004 Amount \$ 1,900.00 Contribution Date 06/24/2004
Purpose of Disbursement (including type) of communication(s) TV Advertising time [6/24-7/4] "What If"		
Name of Federal Candidate: Pres. George W. Bush Office Sought: President	<input type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate: Sen. John Kerry Office Sought: President	<input type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
SUBTOTAL of Disbursements/Obligations This Page (optional)		
TOTAL This Period (last page this line number only) (carry total from last page to line 10)		

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

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A. Full Name (Last, First, Middle Initial) of Payee WFBC-TV Mailing Address of Payee 1500 Foremaster Lane City: Las Vegas State: NV Zip Code: 89101 Name of Employer: N/A Occupation: N/A		Date of Disbursement or Obligation 06/25/04 Amount \$ 2,000.00 Contribution Date 06/24/04
Purpose of Disbursement (including title(s) of contributor(s)) TV Advertising time [6/24-7/4] "What If"		
Name of Federal Candidate: Pres. George W. Bush Office Sought: President	<input type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate: Sen. John Kerry Office Sought: President	<input type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate: _____ Office Sought: _____	<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee KVUU-TV Mailing Address of Payee 25 TV 5 Drive City: Henderson State: NV Zip Code: 89015 Name of Employer: N/A Occupation: N/A		Date of Disbursement or Obligation 06/23/04 Amount \$ 9,750.75 Contribution Date 06/24/04
Purpose of Disbursement (including title(s) of contributor(s)) TV Advertising time [6/24-7/4] "What If"		
Name of Federal Candidate: Pres. George W. Bush Office Sought: President	<input type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate: Sen. John Kerry Office Sought: President	<input type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate: _____ Office Sought: _____	<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUMMARY of Disbursement/Obligation This Page (optional)		
TOTAL This Period (last page this line number only) (copy total from last page to Line 10)		

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

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A. Full Name (Last, First, Middle Initial) of Payee KRQR-TV		Date of Disbursement or Obligation 06/23/2004	
Mailing Address of Payee 13 Broadcast Plaza SW City: Albany, State: NH, Zip Code: 057103		Amount 2,700.00	
Name of Employer N/A		Communication Date 06/24/2004	
Purpose of Disbursement (including date(s) of communication(s)) TV Advertising time [6/24-7/4], "What If"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House	State: NH District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> House	State: NH District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate	Office Sought	State:	Disbursement/Obligation For:
B. Full Name (Last, First, Middle Initial) of Payee KOLE-TV		Date of Disbursement or Obligation 06/23/2004	
Mailing Address of Payee 4850 Empire Drive City: Reno, State: NV, Zip Code: 89502		Amount 8,500.00	
Name of Employer N/A		Communication Date 06/21/2004	
Purpose of Disbursement (including date(s) of communication(s)) TV Advertising time [6/24-7/4] "What If"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House	State: NV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> House	State: NV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate	Office Sought	State:	Disbursement/Obligation For:
SUBTOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

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A. Full Name (Last, First, Middle Initial) of Payor KVVI-TV		Date of Disbursement or Obligation 06 / 23 / 2004	
Mailing Address of Payor 25 TV 5 Drive		Amount 9,753.75	
City Henderson	State NV	Zip Code 89014	Communication Date 06 / 24 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of contribution(s)) TV Advertising time (6/24-7/4) "What If"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House	State NV	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> House	State NV	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
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 Payor KASA-TV		Date of Disbursement or Obligation 06 / 23 / 2004	
Mailing Address of Payor 1377 University Blvd NE		Amount 1,257.25	
City Albuquerque	State NM	Zip Code 87102	Communication Date 06 / 24 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of contribution(s)) TV Advertising time (6/24-7/4) "What If"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House	State NM	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> House	State NM	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
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) _____
TOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (last page this line number only) (carry total down last page to Line 10)			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 10 OF 19

A. Full Name (Last, First, Middle Initial) of Payee KRNV-TV		Date of Disbursement or Obligation 06/23/2004	
Mailing Address of Payee 1790 Vassar Street		Amount 7,510.25	
City Reno	State NV	Zip Code 89510	Communication Date 06/24/2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including date(s) of communication) TV Advertising time [6/24-7/4] "What If"			
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate	Office Sought:	State:	Disbursement/Obligation For:
B. Full Name (Last, First, Middle Initial) of Payee KRNV-TV		Date of Disbursement or Obligation 06/24/2004	
Mailing Address of Payee 492D Brookside Court		Amount 2,163.25	
City Reno	State NV	Zip Code 89502	Communication Date 06/24/2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including date(s) of communication) TV Advertising time [6/24-7/4] "What If"			
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate	Office Sought:	State:	Disbursement/Obligation For:
SUBTOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (see page 9 for line number only) (carry total from last page to Line 10)			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE 11 OF 19

A. Full Name (Last, First, Middle Initial) of Payee KLAS-TV		Date of Disbursement or Obligation 06/25/2004	
Mailing Address of Payee 3228 Channel 9 Dr		Amount 2,600.00	
City Las Vegas	State NV	Zip Code 89109	
Name of Employer N/A	Occupation N/A	Communication Date 06/24/2004	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [6/24-7/4] "What If"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/>	House State: NV <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/>	House State: NV <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate 	Office Sought <input type="checkbox"/>	House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee KTRV-TV		Date of Disbursement or Obligation 08/23/2004	
Mailing Address of Payee 3155 S Valley View Blvd		Amount 1,307.63	
City Las Vegas	State NV	Zip Code 89102	
Name of Employer N/A	Occupation N/A	Communication Date 08/24/2004	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [6/24-7/4] "What If"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/>	House State: NV <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/>	House State: NV <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate 	Office Sought <input type="checkbox"/>	House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUMMARY of Disbursements/Obligations This Page (optional)			
TOTAL This Period (add page title file number only) (copy total from last page to Line 18)			

SCHEDULE B-2

Disbursement(s) Made or Obligation(s)

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A. Full Name (Last, First, Middle Initial) of Payee KASL-TV		Date of Disbursement or Obligation 6/23/2004	
Mailing Address of Payee 1377 University Blvd NE		Amount 1,572.50	
City Albuquerque	State NM	Zip Code 87102	Communication Date 6/24/2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [6/24-7/4] "What If"			
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NM District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NM District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate N/A	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 KOAT-TV		Date of Disbursement or Obligation 6/23/2004	
Mailing Address of Payee 1801 Carlisle NE		Amount 2,184.00	
City Albuquerque	State NM	Zip Code 87125	Communication Date 6/24/2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [6/24-7/4] "What If"			
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NM District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NM District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate N/A	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (see page two line number only) (carry total from last page to Line 18)			

SCHEDULE 9-B

PAGE 13 OF 19

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payer KOB-TV Mailing Address of Payer 4 Broadcast Plaza SW City Albuquerque State NM Zip Code 87103 Name of Employer N/A Occupation N/A		Date of Disbursement or Obligation 06 / 24 / 2004 Amount 19,800.00 Communication Date 06 / 24 / 2004
Purpose of Disbursement (including date(s) of communication(s)) TV Advertising time [6/24-7/4] "What If"		
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
B. Full Name (Last, First, Middle Initial) of Payer KBOE-TV Mailing Address of Payer 13 Broadcast Plaza SW City Albuquerque State NM Zip Code 87103 Name of Employer N/A Occupation N/A		
Date of Disbursement or Obligation 06 / 24 / 2004 Amount 27,200.00 Communication Date 06 / 24 / 2004		
Purpose of Disbursement (including date(s) of communication(s)) TV Advertising time [6/24-7/4] "What If"		
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
SUBTOTAL of Disbursements/Obligations This Page (optional)		
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		

FORM 990-PF

REC FORM 990-PF (2001)

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE 14 OF 19

A. Full Name (Last, First, Middle Initial) of Payee KOLO-TV		Date of Disbursement or Obligation 06 / 25 / 2004	
Mailing Address of Payee 4850 Ampara Drive		Amount 3,927.25	
City Reno	State NV	Zip Code 89502	Communication Date 06 / 24 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) TV Advertising time [6/24-7/4] "What if"			
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate	Office Sought:	State:	Disbursement/Obligation For:
B. Full Name (Last, First, Middle Initial) of Payee KRNQ-TV		Date of Disbursement or Obligation 06 / 24 / 2004	
Mailing Address of Payee 1750 Vassar Street		Amount 3,323.1425	
City Reno	State NV	Zip Code 89510	Communication Date 06 / 24 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) TV Advertising time [6/24-7/4] "What if"			
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate	Office Sought:	State:	Disbursement/Obligation For:
SUBTOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (last page this line number only) (carry over from last page to Line 10)			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE 15 OF 19

A. Full Name (Last, First, Middle Initial) of Payee EBYT-TV Mailing Address of Payee 4920 Brookside Court City: Reno State: NV Zip Code: 89502 Name of Employer: N/A Occupation: N/A		Date of Disbursement or Obligation 06/25/2004 Amount 331073 Communication Date 06/20/2004
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time (6/24-7/4) "What If"		
Name of Federal Candidate Pres: George W. Bush Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.	
Name of Federal Candidate Sen. John Kerry Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee EVVN-TV Mailing Address of Payee 4920 Energy Way City: Reno State: NV Zip Code: 89502 Name of Employer: N/A Occupation: N/A		Date of Disbursement or Obligation 06/24/2004 Amount 959025 Communication Date 06/24/2004
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time (6/24-7/4) "What If"		
Name of Federal Candidate Pres. George W. Bush Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.	
Name of Federal Candidate Sen. John Kerry Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
TOTAL of Disbursements/Obligations This Page (optional) _____		
TOTAL This Period (for page file number only) _____ (carry total from last page to Line 10)		

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE 16 OF 19

A. Full Name (Last, First, Middle Initial) of Payee <u>National Cable Communications</u> Mailing Address of Payee <u>5454 Wisconsin Ave. Ste. 625</u> City <u>Chevy Chase</u> State <u>MD</u> Zip Code <u>20815</u> Name of Employer <u>N/A</u> Occupation <u>N/A</u>		Date of Disbursement or Obligation <u>06</u> / <u>23</u> / <u>2004</u> Amount <u>1,185,967.5</u> Communication Date <u>06</u> / <u>23</u> / <u>2004</u>
Purpose of Disbursement (including title(s) of communication(s)) <u>TV Advertising time [6/24-7/4] "What If"</u>		
Name of Federal Candidate <u>Pres. George W. Bush</u> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>NY, RI</u> District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Nat'l Conv.</u>	
Name of Federal Candidate <u>Sen. John Kerry</u> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>NY, NH</u> District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Nat'l Conv.</u>	
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 <u>Cable TV Advertising</u> Mailing Address of Payee <u>821 Range St</u> City <u>Arlington</u> State <u>TX</u> Zip Code <u>76012</u> Name of Employer <u>N/A</u> Occupation <u>N/A</u>		Date of Disbursement or Obligation <u>06</u> / <u>23</u> / <u>2004</u> Amount <u>332.78</u> Communication Date <u>06</u> / <u>23</u> / <u>2004</u>
Purpose of Disbursement (including title(s) of communication(s)) <u>TV Advertising time [6/24-7/4] "What If"</u>		
Name of Federal Candidate <u>Pres. George W. Bush</u> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>NH</u> District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Nat'l Conv.</u>	
Name of Federal Candidate <u>Sen. John Kerry</u> 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Nat'l Conv.</u>	
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) _____		
TOTAL This Page (last page use the number only) _____ (carry total from last page to Line 10)		

SCHEDULE A-B

Disbursement(s) Made or Obligation(s)

PAGE 7 OF 9

A. Full Name (Last, First, Middle Initial) of Payee Cable TV Advertising		Date of Disbursement or Obligation 06/24/2004	
Mailing Address of Payee 821 Benge St. City: ARIZONA TX 76013		Amount 33278	
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including type(s) of communication(s)) TV Advertising time [6/24-7/4] "What If?"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House	State NM	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> House	State NM	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Nat'l Conv.
B. Full Name (Last, First, Middle Initial) of Payee National Cable Communications		Date of Disbursement or Obligation 06/24/2004	
Mailing Address of Payee 5454 Wisconsin Ave. Ste. 625 City: Chevy Chase MD 20815		Amount 18060.10	
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including type(s) of communication(s)) TV Advertising time [6/24-7/4] "What If?"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House	State NY, DC	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> House	State NY, DC	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Nat'l Conv.
SUBTOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (last page this box number only) (carry total from last page to Line 90)			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE 18 of A

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services Inc.		Date of Disbursement or Obligation 06 / 23 / 2004	
Mailing Address of Payee 600 Fairmount Ave St. 306		Amount 3,549,646.51	
City Towson	State MD	Zip Code 21286	Contribution Date 06 / 24 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of contributor(s)) Media Placement Fee-TV Ad- "What If"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House	State NY, NH	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> House	State NY, NH	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate N/A	Office Sought <input type="checkbox"/> House	State N/A	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 Mentzer Media Services Inc.		Date of Disbursement or Obligation 06 / 24 / 2004	
Mailing Address of Payee 600 Fairmount Ave. St. 306		Amount 2,897,237	
City Towson	State MD	Zip Code 21286	Contribution Date 06 / 24 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of contributor(s)) Media Placement Fee - TV Ad - "What If"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House	State NY, NH	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> House	State NY, NH	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate N/A	Office Sought <input type="checkbox"/> House	State N/A	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (include)			
TOTAL This Period (add page this line number only)			
(carry total from last page to Line 15)			

SCHEDULE 3-B
Disbursement(s) Made or Obligation(s)

PAGE 19 OF 19

A. Full Name (Last, First, Middle Initial) of Payee KVM-TV		Date of Disbursement or Obligation 06/23/2004	
Mailing Address of Payee 4925 Energy Way		Amount 1,943,600.00	
City Rensselaer	State NY	Zip Code 89502	Contribution Date 06/24/2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time (6/24-7/1)			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House	State NY	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> House	State NY	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) - Nat'l Conv.
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:
B. Full Name (Last, First, Middle Initial) of Payee			
Mailing Address of Payee			
City	State	Zip Code	Date of Disbursement or Obligation
Name of Employer		Occupation	
Purpose of Disbursement (including title(s) of communication(s))			
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:
SUBTOTAL of Disbursements/Obligations This Page (optional)		528,600.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		528,600.00	

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

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