

RECEIVED
FEC MAIL
OPERATIONS CENTER

October 14, 2004

2004 OCT 19 A 11:03



FEDERAL ELECTION COMMISSION
WASHINGTON DC 20463

RE: FEC FORM 3X, REPORT OF RECEIPTS AND DISBURSEMENTS
FEC ID #: C00403907, Libertarian Party of Michigan

Please note that there are very little operating expenses for the account being used for federal election purposes. This is due to the fact that the management of the account is by volunteers, and not at an office maintained by the party for such purposes.

Therefore, the primary operating expenses are bank charges for maintaining the account. If there is a change in circumstances and an office is set up for that specific purpose at any time in the future, I understand that we will need to begin reporting those expenses.

Please let us know if there is any further information you need.

Sincerely,

Will Tyler White
Treasurer

RECEIVED
FED MAIL
OPERATIONS CEN

OCT 19 A 11

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) TYPE OR PRINT Example: If typing, type over the lines 129E4MS

LIBERTARIAN PARTY OF MICHIGAN

ADDRESS (number and street) 913 W HOLMES STS 240B

POB 27065

Check if different than previously reported. (ACC)

LANING MI 48909 -7065

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00403907

3. IS THIS REPORT NEW OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: (b) Monthly Report Due On: (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Pre-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)


Election on: In the State of:

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on: In the State of:

5. Covering Period 07/01/2004 through 09/30/2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
 Type or Print Name of Treasurer William T White

Signature of Treasurer  Date 10/14/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 2X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIBERTARIAN PARTY OF MICHIGAN

Report Covering the Period:

From:

07 01 2004

To:

09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004	0	0
(b) Cash on Hand at Beginning of Reporting Period	0	
(c) Total Receipts (from Line 19)	5866.00	5866.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5866.00	5866.00
7. Total Disbursements (from Line 31)	4498.82	4498.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1367.18	1367.18
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form BX (Rev. 02/2003)

Page 3

Name or Type Committee Name

LIBERTARIAN PARTY OF MICHIGAN

Report Covering the Period:

From:

07 01 2004

To:

09 30 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)		
(ii) Unitemized		
(iii) TOTAL (add Lines 11(i)(i) and (ii))		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(i), (a)(ii), and (c)) (Carry Totals to Line 28, page 5)		
12. Transfers From Affiliated/Other Party Committees	5866.00	5866.00
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Funds, Rebates, etc.) (Carry Totals to Line 27, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 17, and 18(c))	5866.00	5866.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5866.00	5866.00

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2008)

Page 4

II. Disbursements	COLUMN A Total Five Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	12.46	12.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12.46	12.46
22. Transfers to Affiliates/Other Party Committees	1600.00	1600.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	2000.00	2000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §417a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds	886.36	886.36
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	886.36	886.36
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4498.82	4498.82
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)	4498.82	4498.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2009)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 15(c), page 3)	0	0
34. Total Contribution Refunds (from Line 20(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b))	12.46	12.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12.46	12.46

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 1 OF 7	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
LIBERTARIAN PARTY OF MICHIGAN

Full Name (Last, First, Middle Initial)
A. LIBERTARIAN NATIONAL COMMITTEE

Mailing Address
2600 VIRGINIA AVE NW STE 100

City **WASHINGTON** State **DC** Zip Code **20037**

FEC ID number of contributing federal political committee
C 00255695

Name of Employer
N/A Occupation

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date
2320.00

Date of Receipt
07 02 2004

Amount of Each Receipt this Period
2320.00

Full Name (Last, First, Middle Initial)
B. LIBERTARIAN NATIONAL COMMITTEE

Mailing Address
2600 VIRGINIA AVE NW STE 100

City **WASHINGTON** State **DC** Zip Code **20037**

FEC ID number of contributing federal political committee
C 00255695

Name of Employer
N/A Occupation

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date
3505.00

Date of Receipt
07 21 2004

Amount of Each Receipt this Period
1185.00

Full Name (Last, First, Middle Initial)
C. LIBERTARIAN NATIONAL COMMITTEE

Mailing Address
2600 VIRGINIA AVE NW STE 100

City **WASHINGTON** State **DC** Zip Code **20037**

FEC ID number of contributing federal political committee
C 00255695

Name of Employer
N/A Occupation

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date
4698.00

Date of Receipt
09 04 2004

Amount of Each Receipt this Period
1193.00

SUBTOTAL of Receipts This Page (optional) **4698.00**

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 7
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (in Full)
LIBERTARIAN PARTY OF MICHIGAN

A. Full Name (Last, First, Middle Initial)
LIBERTARIAN NATIONAL COMMITTEE

Mailing Address
2600 VIRGINIA AVE NW STE 100
 City **WASHINGTON** State **DC** Zip Code **20037**

FEC ID number of contributing federal political committee: **C 00255695**

Name of Employer: **N/A** Occupation:

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date: **5866.00**

Date of Receipt: **09 27 2004**

Amount of Each Receipt this Period: **1168.00**

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **1168.00**

TOTAL This Period (last page this line number only) **5866.00**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							
	<input checked="" type="checkbox"/> 21a	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29a	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	<input type="checkbox"/> 30b	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
LIBERTARIAN PARTY OF MICHIGAN

Full Name (Last, First, Middle Initial) A. COMERICA BANK		Date of Disbursement 07 28 2004
Mailing Address 101 N WASHINGTON		Amount of Each Disbursement this Period 12.46
City LANSING	State Zip Code MI 48913	
Purpose of Disbursement checking account package		Category/Type 001
Candidate Name N/A		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	12.46

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 4 OF 7			
	(check only one)					
	<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 28	<input type="checkbox"/> 29
	<input type="checkbox"/> 27	<input type="checkbox"/> 29a	<input type="checkbox"/> 29b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29d	<input type="checkbox"/> 30c

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NAME OF COMMITTEE (in Full)
LIBERTARIAN PARTY OF MICHIGAN

For Name (Last, First, Middle Initial)
A. LIBERTARIAN NATIONAL COMMITTEE

Date of Disbursement
07 12 2004

Mailing Address
2600 VIRGINIA AVE NW STE: 100

City **WASHINGTON** State **DC** Zip Code **20037**

Purpose of Disbursement
transfer

Candidate Name
N/A

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: District

Category/Type
008

Amount of Each Disbursement this Period
1600.00

For Name (Last, First, Middle Initial)
B.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: District

Category/Type

Amount of Each Disbursement this Period

For Name (Last, First, Middle Initial)
C.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: District

Category/Type

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) **▶**

TOTAL This Period (last page fills the number only) **▶**

1600.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 7

<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29d	<input type="checkbox"/> 30a

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NAME OF COMMITTEE (in full)
LIBERTARIAN PARTY OF MICHIGAN

Full Name (Last, First, Middle Initial) A. BADNARIK FOR PRESIDENT		Date of Disbursement 09 02 2004
Mailing Address STE 100, 6633 HIGHWAY 290 EAST		Amount of Each Disbursement this Period 2000.00
City AUSTIN TX 78723	State Zip Code	
Purpose of Disbursement Campaign materials		Category/Type 006
Candidate Name Michael Badnarik		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <input checked="" type="checkbox"/> District		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <input type="checkbox"/> District		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <input type="checkbox"/> District		

EMENDUM of Disbursement on This Page (optional) ▶	
TOTAL This Period (last page this line number only) ▶	2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)				PAGE 6 OF 7
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30	<input type="checkbox"/> 31

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any principal contributor to solicit contributions from such contributor.

NAME OF COMMITTEE (in Full)
LIBERTARIAN PARTY OF MICHIGAN

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE		Date of Disbursement 09 08 2004
Mailing Address CENTRAL PARK DRIVE		Amount of Each Disbursement this Period 333.00
City OREGON	State MI	
Zip Code 48864		Category/Type 003
Purpose of Disbursement fundraising mailer postage		
Candidate Name Michael Badnarik		Amount of Each Disbursement this Period 333.00
Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE MAX		Date of Disbursement 09 08 2004
Mailing Address 2020 EAST GRAND RIVER AVE		Amount of Each Disbursement this Period 174.98
City OREGON	State MI	
Zip Code 48864		Category/Type 003
Purpose of Disbursement fundraising mailer printing		
Candidate Name Michael Badnarik		Amount of Each Disbursement this Period 174.98
Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE		Date of Disbursement 09 24 2004
Mailing Address CENTRAL PARK DRIVE		Amount of Each Disbursement this Period 333.00
City OREGON	State MI	
Zip Code 48864		Category/Type 003
Purpose of Disbursement fundraising mailer postage		
Candidate Name Michael Badnarik		Amount of Each Disbursement this Period 333.00
Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	640.98
TOTAL This Period (last page line one number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 7 OF 7
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 29	<input type="checkbox"/> 29c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30c	

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NAME OF COMMITTEE (in Full)
LIBERTARIAN PARTY OF MICHIGAN

A. Full Name (Last, First, Middle Initial)
OFFICE MAX

Date of Disbursement
MAY 26 2004

Mailing Address
2020 EAST GRAND RIVER AVE

City **OKEMOS** State **MI** Zip Code **48864**

Purpose of Disbursement
fundraising mailer folding, sealing

Candidate Name

Category Type
003

Amount of Each Disbursement this Period
45.38

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

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

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

C. Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) **45.38**

TOTAL This Period (last page file no. number only) **686.36**

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 checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10-14-04
<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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
JMP PREPARER (5/2004)	10-19-04 DATE PREPARED