



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: 10/15/2004 3:15:34 PM
Pages: 52
Re: Swift Boat Form 9 (1)

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

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

4. Covering Period

MONTH	DAY	YEAR
10	09	2004
through		
MONTH	DAY	YEAR
10	14	2004

5. (a) Date of Public Distributions 10/09/04 10/14/04 10/20/04 **(b) Communication Title** "Why" and "They Served"

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

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

8. Custodian of Records

(a) Name
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

9. Total Donations This Statement 1 9 9 2 9 0 0 0 0

10. Total Disbursements/Obligations This Statement 1 3 3 9 5 9 9 8 9

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 10/16/2004

NOTE: Submission of false information or incomplete information may constitute a criminal offense subjecting the submitter to the penalties of 18 U.S.C. § 1073g.

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

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11. Person(s) Sharing/Exercising Control

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

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor LEE A. BEAMAN</p> <hr/> <p>Mailing Address of Donor 1525 BROADWAY</p> <hr/> <p>City State Zip NASHVILLE TN 37203</p>	<p>Date of Receipt 10/10/2004</p> <hr/> <p>Amount 1000.00</p>
<p>B. Full Name of Donor George C Bitting</p> <hr/> <p>Mailing Address of Donor 120 Sachuest Way</p> <hr/> <p>City State Zip Middletown RI 02842</p>	<p>Date of Receipt 10/10/2004</p> <hr/> <p>Amount 1000.00</p>
<p>C. Full Name of Donor Glen Black</p> <hr/> <p>Mailing Address of Donor 1000 East Clearvue Ct.</p> <hr/> <p>City State Zip Eagle ID 83616</p>	<p>Date of Receipt 10/10/2004</p> <hr/> <p>Amount 1000.00</p>
<p>D. Full Name of Donor glen black</p> <hr/> <p>Mailing Address of Donor 1000 east clearvue ct.</p> <hr/> <p>City State Zip eagle ID 83616</p>	<p>Date of Receipt 10/03/2004</p> <hr/> <p>Amount 500.00</p>
<p>E. Full Name of Donor Robert Black</p> <hr/> <p>Mailing Address of Donor P.O. Box 970</p> <hr/> <p>City State Zip Genoa NV 89411</p>	<p>Date of Receipt 10/01/2004</p> <hr/> <p>Amount 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) 3100.00</p> <hr/> <p>TOTAL This Period (last page this line number only) 3100.00 (carry total from last page to Line 4)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Robert Black</p> <hr/> <p>Mailing Address of Donor P.O. Box 970</p> <hr/> <p>City State Zip Genoa NV 89411</p>	<p>Date of Receipt</p> <p>10 0 2004</p> <hr/> <p>Amount</p> <p>10000</p>
<p>B. Full Name of Donor Robert Black</p> <hr/> <p>Mailing Address of Donor P.O. Box 970</p> <hr/> <p>City State Zip Genoa NV 89411</p>	<p>Date of Receipt</p> <p>08 20 2004</p> <hr/> <p>Amount</p> <p>50000</p>
<p>C. Full Name of Donor Robert Black</p> <hr/> <p>Mailing Address of Donor P.O. Box 970</p> <hr/> <p>City State Zip Genoa NV 89411</p>	<p>Date of Receipt</p> <p>08 31 2004</p> <hr/> <p>Amount</p> <p>10000</p>
<p>D. Full Name of Donor William S. Borders</p> <hr/> <p>Mailing Address of Donor 235 Sotir St NW</p> <hr/> <p>City State Zip Fort Walton Beach FL 32548</p>	<p>Date of Receipt</p> <p>10 09 2004</p> <hr/> <p>Amount</p> <p>50000</p>
<p>E. Full Name of Donor David Bricker</p> <hr/> <p>Mailing Address of Donor 160 Broadway</p> <hr/> <p>City State Zip New York NY 10038</p>	<p>Date of Receipt</p> <p>10 14 2004</p> <hr/> <p>Amount</p> <p>100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <hr/> <p>TOTAL This Period (last page this line number only)</p> <p>(entry total from last page to Line 6)</p>	<p>220000</p> <hr/> <p>530000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Brett Byers</p> <hr/> <p>Mailing Address of Donor 440 Davis Court, #1802</p> <hr/> <p>City State Zip San Francisco CA 94111</p>	<p>Date of Receipt 10/11/2004</p> <hr/> <p>Amount 10000</p>
<p>B. Full Name of Donor Charles Coligure</p> <hr/> <p>Mailing Address of Donor 19 Mayview Rd</p> <hr/> <p>City State Zip Lawrence PA 15055</p>	<p>Date of Receipt 10/12/2004</p> <hr/> <p>Amount 100000</p>
<p>C. Full Name of Donor John Connolly</p> <hr/> <p>Mailing Address of Donor 700 Front St.</p> <hr/> <p>City State Zip San Diego CA 92101</p>	<p>Date of Receipt 10/11/2004</p> <hr/> <p>Amount 50000</p>
<p>D. Full Name of Donor Timothy Cooney</p> <hr/> <p>Mailing Address of Donor 434 main street</p> <hr/> <p>City State Zip Wareham MA 02571</p>	<p>Date of Receipt 10/08/2004</p> <hr/> <p>Amount 50000</p>
<p>E. Full Name of Donor Lammot Copeland</p> <hr/> <p>Mailing Address of Donor 100 Rogers Rd</p> <hr/> <p>City State Zip Wilmington DE 19801</p>	<p>Date of Receipt 10/12/2004</p> <hr/> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <hr/> <p>TOTAL This Period (Total page this line number only)</p> <p>[copy total from last page to LINE B]</p>	<p>310000</p> <hr/> <p>840000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Brooks Corbin</p> <hr/> <p>Mailing Address of Donor 4220 Park Newport Drive, 207</p> <hr/> <p>City State Zip Newport Beach CA 92660</p>	<p>Date of Receipt 10/11/2004</p> <hr/> <p>Amount 100000</p>
<p>B. Full Name of Donor Doug Cronn</p> <hr/> <p>Mailing Address of Donor 5333 N. Sonoran Canyon Place</p> <hr/> <p>City State Zip Tucson AZ 85749</p>	<p>Date of Receipt 10/11/2004</p> <hr/> <p>Amount 100000</p>
<p>C. Full Name of Donor Doug Cronn</p> <hr/> <p>Mailing Address of Donor 5333 N. Sonoran Canyon Pl</p> <hr/> <p>City State Zip Tucson AZ 85749</p>	<p>Date of Receipt 09/02/2004</p> <hr/> <p>Amount 500000</p>
<p>D. Full Name of Donor Tom Crook</p> <hr/> <p>Mailing Address of Donor 2203 Riverview Drive</p> <hr/> <p>City State Zip Murfreesboro TN 37129</p>	<p>Date of Receipt 10/11/2004</p> <hr/> <p>Amount 100000</p>
<p>E. Full Name of Donor Leslie Deans</p> <hr/> <p>Mailing Address of Donor 98 Main Street, Suite 205</p> <hr/> <p>City State Zip Tiburon CA 94920</p>	<p>Date of Receipt 10/09/2004</p> <hr/> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (add line 9)</p> <hr/> <p>TOTAL This Period (last page into line number only) (Copy total from last page to Line 9)</p>	<p>450000</p> <hr/> <p>1290000</p>

SCHEDULE 3-A
Donation(s) Received

<p>A. Full Name of Donor Leslie Deane</p> <p>Mailing Address of Donor 98 Main Street, Suite 205</p> <p>City State Zip Tiburon CA 94920</p>	<p>Date of Receipt 10/21/2004</p> <p>Amount 2,500.00</p>
<p>B. Full Name of Donor David deForrest</p> <p>Mailing Address of Donor 1870 Cleveland Road</p> <p>City State Zip Miami Beach FL 33141</p>	<p>Date of Receipt 10/11/2004</p> <p>Amount 5,000.00</p>
<p>C. Full Name of Donor Steven Diehl</p> <p>Mailing Address of Donor 20311 Parkwood Court</p> <p>City State Zip Hagerstown MD 21742</p>	<p>Date of Receipt 10/13/2004</p> <p>Amount 5,000.00</p>
<p>D. Full Name of Donor Greg Dodds</p> <p>Mailing Address of Donor 31 Whitcomb Drive</p> <p>City State Zip Grosse Pointe Farms MI 48236</p>	<p>Date of Receipt 10/11/2004</p> <p>Amount 5,000.00</p>
<p>E. Full Name of Donor John Dowd</p> <p>Mailing Address of Donor 1529 Crowell Road</p> <p>City State Zip Vienna VA 22182</p>	<p>Date of Receipt 10/11/2004</p> <p>Amount 2,500.00</p>

<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>4,250.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>17,150.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Willard Edison</p> <p>Mailing Address of Donor 6043 Hatton Place</p> <p>City State Zip Ferdale WA 98248</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor Todd Farha</p> <p>Mailing Address of Donor 345 Bayshore Blvd, GP 13</p> <p>City State Zip Tampa FL 33606</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Todd Farha</p> <p>Mailing Address of Donor 345 Bayshore Blvd GP 13</p> <p>City State Zip Tampa FL 33606</p>	<p>Date of Receipt 10 8 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor James Finn</p> <p>Mailing Address of Donor 3801 Rocky Point Way</p> <p>City State Zip Santa Rosa CA 95404</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Gene Foster</p> <p>Mailing Address of Donor 435 Dockside Drive #401</p> <p>City State Zip Naples LA 34110</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page line item number only)</p> <p>(carry total from last page to Line 9)</p>	<p>325000</p> <p>2040000</p>

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor richard fuisz <hr/> Mailing Address of Donor 1127 langley lane <hr/> City State Zip mclean VA 22101	Date of Receipt 10/11/2004 <hr/> Amount 25000
B. Full Name of Donor richard fuisz <hr/> Mailing Address of Donor 1127 langley lane <hr/> City State Zip mclean VA 22101	Date of Receipt 02/19/2004 <hr/> Amount 25000
C. Full Name of Donor Richard Fuisz <hr/> Mailing Address of Donor 1127 Langley Lane <hr/> City State Zip Mclean VA 22101	Date of Receipt 08/24/2004 <hr/> Amount 25000
D. Full Name of Donor richard fuisz <hr/> Mailing Address of Donor 1127 langley lane <hr/> City State Zip mclean VA 22101	Date of Receipt 06/08/2004 <hr/> Amount 25000
E. Full Name of Donor richard fuisz <hr/> Mailing Address of Donor 1127 langley lane <hr/> City State Zip mclean VA 22101	Date of Receipt 09/20/2004 <hr/> Amount 10000
SUBTOTAL of Donations This Page (optional) ▶ <hr/> TOTAL This Period (add page five line number only) ▶ (carry total from last page to Line 9)	110000 <hr/> 215000

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Richard Gable</p> <p>Mailing Address of Donor 4515 Willard Ave., 2318</p> <p>City State Zip Chevy Chase MD 20815</p>	<p>Date of Receipt 10 00 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Lawrence Gelman</p> <p>Mailing Address of Donor 3900 Sundown Dr</p> <p>City State Zip McAllen TX 78503</p>	<p>Date of Receipt 10 31 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Richard Gilliam</p> <p>Mailing Address of Donor p.o. box 820</p> <p>City State Zip Keswick VA 22947</p>	<p>Date of Receipt 10 31 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor John Gioia</p> <p>Mailing Address of Donor 9524 Mount Vernon Landing</p> <p>City State Zip Alexandria VA 22309</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 250000</p>
<p>E. Full Name of Donor John Gioia</p> <p>Mailing Address of Donor 9524 Mount Vernon Landing</p> <p>City State Zip Alexandria VA 22309</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 250000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>750000</p>
<p>TOTAL This Period (Last page this line number only) (copy total from last page to Line B)</p>	<p>2500000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Jerry Glenn</p> <p>Mailing Address of Donor 54 Fairway Dr.</p> <p>City State Zip Southgate KY 41071</p>	<p>Date of Receipt 10/21/04 2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor Edward Gonzalez</p> <p>Mailing Address of Donor Four Times Square</p> <p>City State Zip New York NY 10036</p>	<p>Date of Receipt 08/23/04 2004</p> <p>Amount 250000</p>
<p>C. Full Name of Donor Edward Gonzalez</p> <p>Mailing Address of Donor Four Times Square, 31-400</p> <p>City State Zip New York NY 10036</p>	<p>Date of Receipt 08/13/04 2004</p> <p>Amount 250000</p>
<p>D. Full Name of Donor Edward E. Gonzalez</p> <p>Mailing Address of Donor Four Times Square, 31st Floor</p> <p>City State Zip New York NY 10036</p>	<p>Date of Receipt 10/13/04 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Oliver R Grace Jr</p> <p>Mailing Address of Donor 55 Brookville Road</p> <p>City State Zip Brookville NY 11545</p>	<p>Date of Receipt 10/14/04 2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>300000</p>
<p>TOTAL This Period (last page data use number only)</p> <p>(carry total from last page to Line 9)</p>	<p>3200000</p>

SCHEDULE 9-A

Donation(s) Received

<p>A. Full Name of Donor Billy Graham</p> <p>Mailing Address of Donor 1550 Bay Street #209</p> <p>City State Zip San Francisco CA 94123</p>	<p>Date of Receipt 10/11/2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor Geof Greenberg</p> <p>Mailing Address of Donor 208 Lester Ave.</p> <p>City State Zip Yakima WA 98902</p>	<p>Date of Receipt 08/11/2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor Geoffrey Greenberg</p> <p>Mailing Address of Donor 208 Lester Ave.</p> <p>City State Zip Yakima WA 98902</p>	<p>Date of Receipt 10/14/2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Geoffrey Greenberg</p> <p>Mailing Address of Donor 208 Lester Ave.</p> <p>City State Zip Yakima WA 98902</p>	<p>Date of Receipt 08/19/2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor 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 10/14/2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (see line 9)</p>	<p>250000</p>
<p>TOTAL This Period (last page this line number only) (copy total from last page to Line 9)</p>	<p>3450000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor James T. Hallett</p> <p>Mailing Address of Donor 2920 Devonhurst D</p> <p>City State Zip Gordonsville VA 22942</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 1 000 00</p>
<p>B. Full Name of Donor Thomas J. Harris</p> <p>Mailing Address of Donor 200 West St</p> <p>City State Zip Mandeville LA 70448</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Thomas J. Harris</p> <p>Mailing Address of Donor 200 West St</p> <p>City State Zip Mandeville LA 70448</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Mark Hamstreet</p> <p>Mailing Address of Donor 11600 SW Shilo Lane</p> <p>City State Zip Portland OR 97225</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Thomas Herche</p> <p>Mailing Address of Donor P.O. Box 3837</p> <p>City State Zip Seattle WA 98124</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 1 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ... 4 000 00</p> <p>TOTAL This Period (add page this line number only) ... 3 850 00 (carry total from last page to line 6)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Roy Hinman</p> <p>Mailing Address of Donor 1099 A1A S.</p> <p>City State Zip St. Augustine FL 32080</p>	<p>Date of Receipt 10/10/04 10 10 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Roy II Hinman</p> <p>Mailing Address of Donor 1099 A1A S.</p> <p>City State Zip St. Augustine FL 32080</p>	<p>Date of Receipt 10/14/04 10 14 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor David Hodgman</p> <p>Mailing Address of Donor 9645 Scranton Rd # 120</p> <p>City State Zip San Diego CA 92121</p>	<p>Date of Receipt 10/11/04 10 11 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor Ann Iverson</p> <p>Mailing Address of Donor 2902 West Lane Drive, Unit E</p> <p>City State Zip Houston TX 77027</p>	<p>Date of Receipt 10/12/04 10 12 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Don Jacobson</p> <p>Mailing Address of Donor 115 Farm Road</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 10/09/04 10 09 2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page for line number only)</p> <p>(carry total from last page to line 9)</p>	<p>300000</p> <p>4150000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Don Jacobson</p> <hr/> <p>Mailing Address of Donor 115 Farm Road</p> <hr/> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 10/8/04</p> <hr/> <p>Amount 10000</p>
<p>B. Full Name of Donor Don Jacobson</p> <hr/> <p>Mailing Address of Donor 115 Farm Road</p> <hr/> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 10/6/04</p> <hr/> <p>Amount 25000</p>
<p>C. Full Name of Donor Don Jacobson</p> <hr/> <p>Mailing Address of Donor 115 Farm Road</p> <hr/> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 10/8/04</p> <hr/> <p>Amount 56000</p>
<p>D. Full Name of Donor Francis Janson</p> <hr/> <p>Mailing Address of Donor 1564 Stapler Dr</p> <hr/> <p>City State Zip Yardley PA 19067</p>	<p>Date of Receipt 10/9/04</p> <hr/> <p>Amount 50000</p>
<p>E. Full Name of Donor Francis Gerard Janson</p> <hr/> <p>Mailing Address of Donor 1564 Stapler Dr</p> <hr/> <p>City State Zip Yardley PA 19067</p>	<p>Date of Receipt 10/9/04</p> <hr/> <p>Amount 60000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <hr/> <p>TOTAL This Period (add page this line number only) ▶ [carry total from last page to line 9]</p>	<p>195000</p> <hr/> <p>4345000</p>

SCHEDULE 3-A
Donation(s) Received

<p>A. Full Name of Donor mumford john</p> <p>Mailing Address of Donor 2925 woodside road</p> <p>City woodside State CA Zip 94062</p>	<p>Date of Receipt 10/12/2004</p> <p>Amount 250000</p>
<p>B. Full Name of Donor William H. Jones</p> <p>Mailing Address of Donor 4131 Old Gun Rd E</p> <p>City Midlothian State VA Zip 23113</p>	<p>Date of Receipt 10/09/2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor William H. Jones</p> <p>Mailing Address of Donor 4131 Old Gun Rd E</p> <p>City Midlothian State VA Zip 23113</p>	<p>Date of Receipt 10/02/2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Thom Kitchens</p> <p>Mailing Address of Donor 6908 35th Ave SW</p> <p>City Seattle State WA Zip 98126</p>	<p>Date of Receipt 10/19/2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Mark Kroll</p> <p>Mailing Address of Donor 493 Sinaloa Road</p> <p>City Simi Valley State CA Zip 93065</p>	<p>Date of Receipt 10/10/2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>550000</p> <p>4805000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Ray Kubly</p> <p>Mailing Address of Donor 1112 7th Ave</p> <p>City State Zip Monroe WI 53566</p>	<p>Date of Receipt 10/04/2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor michael lattin</p> <p>Mailing Address of Donor 3250 sundance dr</p> <p>City State Zip elko NV 89801</p>	<p>Date of Receipt 10/10/2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Michael Lattin</p> <p>Mailing Address of Donor 3250 Sundance Dr</p> <p>City State Zip Elko NV 89801</p>	<p>Date of Receipt 08/20/2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Kent Lillie</p> <p>Mailing Address of Donor 8033 Legend Creek Dr</p> <p>City State Zip Destin FL 32560</p>	<p>Date of Receipt 10/12/2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Kent Lillie</p> <p>Mailing Address of Donor 8033 Legend Creek Dr</p> <p>City State Zip Destin FL 32550</p>	<p>Date of Receipt 08/18/2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 325000</p> <p>TOTAL This Period (last page only one number only) ▶ 5220000 (carry total from last page to line 6)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Carl Linder</p> <p>Mailing Address of Donor 8555 Shawnee Run Road</p> <p>City State Zip Cincinnati OH 45243</p>	<p>Date of Receipt 10/14/04</p> <p>Amount 35000000</p>
<p>B. Full Name of Donor george loewenbaum</p> <p>Mailing Address of Donor 1708 windsor road</p> <p>City State Zip austin TX 78703</p>	<p>Date of Receipt 10/14/04</p> <p>Amount 10000000</p>
<p>C. Full Name of Donor Geoffrey Lubsen</p> <p>Mailing Address of Donor 153 Klinesville Rd.</p> <p>City State Zip Flemington NJ 08822</p>	<p>Date of Receipt 10/11/04</p> <p>Amount 50000000</p>
<p>D. Full Name of Donor Geoffrey Lubsen</p> <p>Mailing Address of Donor 153 Klinesville Rd.</p> <p>City State Zip Flemington NJ 08822</p>	<p>Date of Receipt 08/24/04</p> <p>Amount 25000000</p>
<p>E. Full Name of Donor Geoffrey Lubsen</p> <p>Mailing Address of Donor 153 Klinesville Rd/</p> <p>City State Zip Flemington NJ 08822</p>	<p>Date of Receipt 09/09/04</p> <p>Amount 25000000</p>
<p>SUBTOTAL of Donations This Page (see Form 990) 352000000</p> <p>TOTAL This Period (add page this line number only) 404200000 (carry over from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Richard Margolis</p> <hr/> <p>Mailing Address of Donor 2910 Valmere Drive</p> <hr/> <p>City State Zip Malibu CA 90265</p>	<p>Date of Receipt 10/14/2004</p> <hr/> <p>Amount 50000</p>
<p>B. Full Name of Donor Richard Margolis</p> <hr/> <p>Mailing Address of Donor 2910 Valmere Drive</p> <hr/> <p>City State Zip Malibu CA 90265</p>	<p>Date of Receipt 10/12/2004</p> <hr/> <p>Amount 50000</p>
<p>C. Full Name of Donor Jonathan Mayhew</p> <hr/> <p>Mailing Address of Donor 21 Holly Lane</p> <hr/> <p>City State Zip Darien CT 06820</p>	<p>Date of Receipt 10/16/2004</p> <hr/> <p>Amount 50000</p>
<p>D. Full Name of Donor Jonathan Mayhew</p> <hr/> <p>Mailing Address of Donor 21 Holly Lane</p> <hr/> <p>City State Zip Darien CT 06820</p>	<p>Date of Receipt 10/28/2004</p> <hr/> <p>Amount 25000</p>
<p>E. Full Name of Donor Jonathan Mayhew</p> <hr/> <p>Mailing Address of Donor 21 Holly Lane</p> <hr/> <p>City State Zip Darien CT 06820</p>	<p>Date of Receipt 10/09/2004</p> <hr/> <p>Amount 25000</p>
<p>SUBTOTAL of Donations This Page (page(s)) ▶ 200000</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ 40620000 (carry over from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor paul mccarthy</p> <p>Mailing Address of Donor 6316 S. Western</p> <p>City Chicago State IL Zip 60635</p>	<p>Date of Receipt 10/11/2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor Wilkes McClave</p> <p>Mailing Address of Donor 27 Jingle Lane</p> <p>City Bedford State NY Zip 10506</p>	<p>Date of Receipt 10/22/2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Charles H. McPherson</p> <p>Mailing Address of Donor P.O. Box 902</p> <p>City Gig Harbour State WA Zip 98335</p>	<p>Date of Receipt 10/22/2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor Jan menke</p> <p>Mailing Address of Donor 1967 BAYVIEW DR</p> <p>City TIERRA VERDE State FL Zip 33715</p>	<p>Date of Receipt 10/14/2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Victor Michael</p> <p>Mailing Address of Donor 6807 Foxglove Drive</p> <p>City Cheyenne State WY Zip 82009</p>	<p>Date of Receipt 10/12/2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page five line number only)</p> <p>(carry total from last page in Line 9)</p>	<p>500000</p> <p>41120000</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Victor Michael</p> <p>Mailing Address of Donor 6807 Foxglove Drive</p> <p>City State Zip Cheyenne WY 82009</p>	<p>Date of Receipt 06 19 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor frank michel</p> <p>Mailing Address of Donor 123 davis rd</p> <p>City State Zip malvern PA 19355</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 100000</p>
<p>G. Full Name of Donor Stuart Millheiser</p> <p>Mailing Address of Donor 33761 Limerick Lane</p> <p>City State Zip San Juan Capistrano CA 92675</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Stuart Millheiser</p> <p>Mailing Address of Donor 33761 Limerick Lane</p> <p>City State Zip San Juan Capistrano CA 92675</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor William Miner</p> <p>Mailing Address of Donor 3868 Bowers Drive</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 25000</p>
<p>SUBTOTAL of Donations This Page (optional) 275000</p> <p>TOTAL This Period (total page this line number only) 41395000 (carry total from last page to Line 6)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor William Miner</p> <p>Mailing Address of Donor 3868 Bowers Drive</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 08 19 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor William Miner</p> <p>Mailing Address of Donor 3868 Bowers Drive</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 25000</p>
<p>C. Full Name of Donor William Miner</p> <p>Mailing Address of Donor 3868 Bowers Drive</p> <p>City State Zip Reno NV 89511</p>	<p>Date of Receipt 08 01 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Howard Mitnick</p> <p>Mailing Address of Donor 65 Madison Ave.</p> <p>City State Zip Morristown NJ 07960</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 25000</p>
<p>E. Full Name of Donor James Morrison</p> <p>Mailing Address of Donor 3722 91st Place SE</p> <p>City State Zip Everett WA 98208</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>200000</p>
<p>TOTAL (per Form 1120 page 81a (line number only)) ▶ (carry over from last page to Line 9)</p>	<p>41595000</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor mary movick</p> <hr/> <p>Mailing Address of Donor 157 cottonwood</p> <hr/> <p>City State Zip coppell TX 75019</p>	<p>Date of Receipt 10 11 2004</p> <hr/> <p>Amount 1 0 0 0 0</p>
<p>B. Full Name of Donor neil mulligan</p> <hr/> <p>Mailing Address of Donor 339 25TH STREET</p> <hr/> <p>City State Zip va beach VA 23451</p>	<p>Date of Receipt 10 12 2004</p> <hr/> <p>Amount 1 0 0 0 0</p>
<p>C. Full Name of Donor James Nelson</p> <hr/> <p>Mailing Address of Donor 1854 ALTA VISTA DR</p> <hr/> <p>City State Zip ROSEVILLE MN 55113</p>	<p>Date of Receipt 10 13 2004</p> <hr/> <p>Amount 1 0 0 0 0</p>
<p>D. Full Name of Donor John Nelson</p> <hr/> <p>Mailing Address of Donor 1205 Johnson Street</p> <hr/> <p>City State Zip Menlo Park CA 94025</p>	<p>Date of Receipt 10 11 2004</p> <hr/> <p>Amount 5 0 0 0 0</p>
<p>E. Full Name of Donor John Nelson</p> <hr/> <p>Mailing Address of Donor 1205 Johnson Street</p> <hr/> <p>City State Zip Menlo Park CA 94025</p>	<p>Date of Receipt 10 26 2004</p> <hr/> <p>Amount 2 5 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <hr/> <p>TOTAL This Page (last page this line number only) ▶ (copy total from last page to Line 9)</p>	<p>2 8 5 0 0 0</p> <hr/> <p>4 1 8 8 0 0 0</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John Nelson</p> <p>Mailing Address of Donor 1205 Johnson Street</p> <p>City State Zip Menlo Park CA 94025</p>	<p>Date of Receipt 09 / 16 / 2004</p> <p>Amount 25000</p>
<p>B. Full Name of Donor G. Mason Oberlin</p> <p>Mailing Address of Donor 48 Duck Cove Cir</p> <p>City State Zip Berlin MD 21811</p>	<p>Date of Receipt 10 / 09 / 2004</p> <p>Amount 10000</p>
<p>C. Full Name of Donor William F Odom Jr</p> <p>Mailing Address of Donor 229 Deerwood Drive</p> <p>City State Zip Huddleston VA 24104</p>	<p>Date of Receipt 10 / 14 / 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Doris Orr</p> <p>Mailing Address of Donor 13911 SE 47th Street</p> <p>City State Zip Bellevue WA 98006</p>	<p>Date of Receipt 10 / 10 / 2004</p> <p>Amount 10000</p>
<p>E. Full Name of Donor Mary Walton Percy</p> <p>Mailing Address of Donor 3146 Thomas Ave</p> <p>City State Zip Montgomery AL 36106</p>	<p>Date of Receipt 10 / 11 / 2004</p> <p>Amount 5000</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>210000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(copy total from last page to Line 9)</p>	<p>42000000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Mary Waiton Percy</p> <hr/> <p>Mailing Address of Donor 3146 Thomas Ave</p> <hr/> <p>City State Zip Montgomery AL 36106</p>	<p>Date of Receipt 10 02 2004</p> <hr/> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Mary Waiton Percy</p> <hr/> <p>Mailing Address of Donor 3146 Thomas Ave</p> <hr/> <p>City State Zip Montgomery AL 36106</p>	<p>Date of Receipt 10 02 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor April Perry</p> <hr/> <p>Mailing Address of Donor 2205 Pembroke Place</p> <hr/> <p>City State Zip Denton TX 76205</p>	<p>Date of Receipt 10 13 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor April Perry</p> <hr/> <p>Mailing Address of Donor 2205 Pembroke Place</p> <hr/> <p>City State Zip Denton TX 76205</p>	<p>Date of Receipt 10 08 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Bob Perry</p> <hr/> <p>Mailing Address of Donor P.O. Box 34153</p> <hr/> <p>City State Zip Houston TX 77234</p>	<p>Date of Receipt 10 12 2004</p> <hr/> <p>Amount 4 500 000 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <hr/> <p>TOTAL This Form (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>4 517 500 00</p> <hr/> <p>8 725 500 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Bob Perry</p> <p>Mailing Address of Donor P.O. Box 34153</p> <p>City State Zip Houston TX 77234</p>	<p>Date of Receipt Month Day Year 10 13 2004</p> <p>Amount 50000000</p>
<p>B. Full Name of Donor Bob Perry</p> <p>Mailing Address of Donor P.O. Box 34153</p> <p>City State Zip Houston TX 77234</p>	<p>Date of Receipt Month Day Year 10 12 2004</p> <p>Amount 50000000</p>
<p>C. Full Name of Donor Trent Pettijohn</p> <p>Mailing Address of Donor 6400 Harrods Court</p> <p>City State Zip Plano TX 75024</p>	<p>Date of Receipt Month Day Year 10 12 2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Trent Pettijohn</p> <p>Mailing Address of Donor 6400 Harrods Court</p> <p>City State Zip Plano TX 75024</p>	<p>Date of Receipt Month Day Year 08 04 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Jim Phillips</p> <p>Mailing Address of Donor 101 Bull Street</p> <p>City State Zip Charleston SC 29401</p>	<p>Date of Receipt Month Day Year 10 11 2004</p> <p>Amount 1000000</p>

<p>SUBTOTAL of Donations This Page (see line 9)</p>	<p>100200000</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry over from last page to line 9)</p>	<p>187465000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor abe podolsky</p> <p>Mailing Address of Donor 4815 avenue N</p> <p>City State Zip brooklyn NY 11234</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>B. Full Name of Donor ABRAHAM PODOLSKY</p> <p>Mailing Address of Donor 4815 AVENUE N</p> <p>City State Zip BROOKLYN NY 11234</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>C. Full Name of Donor ABRAHAM PODOLSKY</p> <p>Mailing Address of Donor 4815 AVENUE N</p> <p>City State Zip BROOKLYN NY 11234</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>D. Full Name of Donor Frank Price</p> <p>Mailing Address of Donor 527 Spoleto Drive</p> <p>City State Zip Pacific Palisades CA 90272</p>	<p>Date of Receipt 10 10 2004</p> <p>Amount 5 0 0 0 0 0</p>
<p>E. Full Name of Donor Philip Propper</p> <p>Mailing Address of Donor 4545 La Granada Way</p> <p>City State Zip La Canada CA 91011</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 1 0 0 0 0 0</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>4 0 0 0 0 0</p>
<p>TOTAL This Period (see page 156 line 14 amount only)</p> <p>(only total from each page to line 1)</p>	<p>1 2 7 6 6 5 0 0 0</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Barry Reinger</p> <p>Mailing Address of Donor 35 Duck La.</p> <p>City State Zip West Islip NY 11795</p>	<p>Date of Receipt 10/14/2004</p> <p>Amount 100000</p>
<p>B. Full Name of Donor Barry Reinger</p> <p>Mailing Address of Donor 35 Duck La.</p> <p>City State Zip West Islip NY 11795</p>	<p>Date of Receipt 08/25/2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor Edward Reske</p> <p>Mailing Address of Donor 1004 Sharpsburg Dr., S.E.</p> <p>City State Zip Huntsville AL 35803</p>	<p>Date of Receipt 10/14/2004</p> <p>Amount 250000</p>
<p>D. Full Name of Donor Paul Reynolds</p> <p>Mailing Address of Donor 5368 fredericksburg rd.</p> <p>City State Zip San Antonio TX 78229</p>	<p>Date of Receipt 10/14/2004</p> <p>Amount 250000</p>
<p>E. Full Name of Donor Jeff Rhodes</p> <p>Mailing Address of Donor 3643 Laurel Ridge</p> <p>City State Zip Springdale AR 72764</p>	<p>Date of Receipt 10/14/2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>710000</p> <p>180575000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Augusta Roddis</p> <p>Mailing Address of Donor 1108 E. 4th St</p> <p>City State Zip Marshfield WI 54449</p>	<p>Date of Receipt 10/09/2004</p> <p>Amount 5000.00</p>
<p>B. Full Name of Donor James Rose</p> <p>Mailing Address of Donor 3567 Rockybar Hollow Lane</p> <p>City State Zip Free Union VA 22940</p>	<p>Date of Receipt 10/14/2004</p> <p>Amount 2500.00</p>
<p>C. Full Name of Donor Michael J. Ross</p> <p>Mailing Address of Donor 12826 Dubon Ln</p> <p>City State Zip Saint Louis MO 63131</p>	<p>Date of Receipt 10/08/2004</p> <p>Amount 5000.00</p>
<p>D. Full Name of Donor Michael J. Ross</p> <p>Mailing Address of Donor 12826 Dubon Ln</p> <p>City State Zip Saint Louis MO 63131</p>	<p>Date of Receipt 10/02/2004</p> <p>Amount 5000.00</p>
<p>E. Full Name of Donor Adrian O. Rule III</p> <p>Mailing Address of Donor 90 Pheasant Run</p> <p>City State Zip Chagrin Falls OH 44022</p>	<p>Date of Receipt 10/09/2004</p> <p>Amount 2500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>11000.00</p>
<p>TOTAL This Period (see page five for line numbers only) ▶ (carry over from last page to Line 7)</p>	<p>1896750.00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Adrian O Rule III</p> <p>Mailing Address of Donor 90 Pheasant Run</p> <p>City State Zip Chagrin Falls OH 44022</p>	<p>Date of Receipt 10 22 2004</p> <p>Amount 10000</p>
<p>B. Full Name of Donor Earl Rupp</p> <p>Mailing Address of Donor 1495 E 14th St</p> <p>City State Zip San Leandro CA 94577</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 47500</p>
<p>C. Full Name of Donor Earl Rupp</p> <p>Mailing Address of Donor 1495 E 14th St</p> <p>City State Zip San Leandro CA 94577</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 52500</p>
<p>D. Full Name of Donor James Russell</p> <p>Mailing Address of Donor 1820 NE 104th Ave, Apt 66</p> <p>City State Zip Portland OR 97220</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 50900</p>
<p>E. Full Name of Donor James Russell</p> <p>Mailing Address of Donor 1820 NE 104th Ave Apt 66</p> <p>City State Zip Portland OR 97220</p>	<p>Date of Receipt 09 02 2004</p> <p>Amount 20000</p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p>180000</p>
<p>TOTAL This Period (last page this tab must be 000)</p> <p>(carry total from last page in Line 9)</p>	<p>189855000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor James Russell</p> <p>Mailing Address of Donor 1820 NE 104th Ave Apt 66</p> <p>City State Zip Portland OR 97220</p>	<p>Date of Receipt 10 0 2004</p> <p>Amount 5 0 0 0 0</p>
<p>B. Full Name of Donor George Salmas</p> <p>Mailing Address of Donor 1880 Century Park East</p> <p>City State Zip Los Angeles CA 90067</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 2 5 0 0 0</p>
<p>C. Full Name of Donor George Salmas</p> <p>Mailing Address of Donor 1880 Century Park East, Suite 420</p> <p>City State Zip Los Angeles CA 90067</p>	<p>Date of Receipt 10 2 19 2004</p> <p>Amount 5 0 0 0 0</p>
<p>D. Full Name of Donor George Salmas</p> <p>Mailing Address of Donor 1880 Century Park East, Suite 420</p> <p>City State Zip Los Angeles CA 90067</p>	<p>Date of Receipt 10 9 09 2004</p> <p>Amount 2 5 0 0 0</p>
<p>E. Full Name of Donor Meshell Schloss</p> <p>Mailing Address of Donor 10308 Bayless Lane</p> <p>City State Zip Fort Wayne IN 46804</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 2 5 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 8)</p>	<p>4 0 0 0 0 0</p> <p>1 9 0 2 5 5 0 0 0</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Mesheil Schloss</p> <p>Mailing Address of Donor 10308 Bayless Lane</p> <p>City State Zip Fort Wayne IN 46804</p>	<p>Date of Receipt 09-29-2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Wilfred Schuemann</p> <p>Mailing Address of Donor 1450A Tucker Road</p> <p>City State Zip Hood River OR 97031</p>	<p>Date of Receipt 10-14-2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor Wilfred Schuemann</p> <p>Mailing Address of Donor 1450A Tucker Road</p> <p>City State Zip Hood River OR 97031</p>	<p>Date of Receipt 08-20-2004</p> <p>Amount 50000</p>
<p>D. Full Name of Donor Paul Schulstad</p> <p>Mailing Address of Donor 20 Eckert Farm Road</p> <p>City State Zip Saddle River NJ 07458</p>	<p>Date of Receipt 10-14-2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Stace Sewell</p> <p>Mailing Address of Donor 7035 Brenterton</p> <p>City State Zip Dallas TX 75252</p>	<p>Date of Receipt 10-11-2004</p> <p>Amount 50000</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>250000</p>
<p>TOTAL This Period (last page this line NUMBER only) ▶ (carry total from last page to Line 9)</p>	<p>190505000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Stace Sewell</p> <hr/> <p>Mailing Address of Donor 7035 Bramerton</p> <hr/> <p>City State Zip Dallas TX 75252</p>	<p>Date of Receipt 08 26 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Terry Shaftel</p> <hr/> <p>Mailing Address of Donor 32 Walnut Avenue</p> <hr/> <p>City State Zip Los gatos CA 95030</p>	<p>Date of Receipt 10 11 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Terry Shaftel</p> <hr/> <p>Mailing Address of Donor 32 Walnut Avenue</p> <hr/> <p>City State Zip Los Gatos CA 95030</p>	<p>Date of Receipt 08 27 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Thomas Shanahan</p> <hr/> <p>Mailing Address of Donor 100 Manzanita Way</p> <hr/> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 10 14 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor David Shemwell</p> <hr/> <p>Mailing Address of Donor 535 36th Ave E</p> <hr/> <p>City State Zip Seattle WA 98112</p>	<p>Date of Receipt 10 14 2004</p> <hr/> <p>Amount 16 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ (carry total from next page to Line B)</p>	<p>5 000 00</p> <hr/> <p>19 080 500</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Alvin Sherman</p> <p>Mailing Address of Donor 3000 Island Blvd</p> <p>City State Zip Aventura FL 33160</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 50000</p>
<p>B. Full Name of Donor Alvin Sherman</p> <p>Mailing Address of Donor 3000 Island Blvd</p> <p>City State Zip Aventura FL 33160</p>	<p>Date of Receipt 08 22 2004</p> <p>Amount 50000</p>
<p>C. Full Name of Donor ALVIN SHERMAN</p> <p>Mailing Address of Donor 3000 ISLAND BLVD</p> <p>City State Zip AVENTURA FL 33160</p>	<p>Date of Receipt 08 30 2004</p> <p>Amount 25000</p>
<p>D. Full Name of Donor Lee Solaroli</p> <p>Mailing Address of Donor c/o Starrex, Inc. 750 Main Street, P.O.</p> <p>City State Zip Warren MA 01083</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 100000</p>
<p>E. Full Name of Donor Peter Stent</p> <p>Mailing Address of Donor 170 Josselyn Ln</p> <p>City State Zip Woodside CA 94062</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page first number only)</p> <p>(carry total from last page to Line 9)</p>	<p>325000</p> <p>191130000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Richard Strain</p> <p>Mailing Address of Donor 5001 SW 70 Ave</p> <p>City State Zip Davie FL 33314</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 5 00 00</p>
<p>B. Full Name of Donor Richard Strain</p> <p>Mailing Address of Donor 5001 SW 70 Ave</p> <p>City State Zip Davie FL 33314</p>	<p>Date of Receipt 08 24 2004</p> <p>Amount 5 00 00</p>
<p>C. Full Name of Donor Richard Strain</p> <p>Mailing Address of Donor 5001 sw 70 Ave</p> <p>City State Zip Davie FL 33314</p>	<p>Date of Receipt 08 02 2004</p> <p>Amount 5 00 00</p>
<p>D. Full Name of Donor James Tegeder</p> <p>Mailing Address of Donor 4716 Ridge Water CT</p> <p>City State Zip Holly Springs NC 27540</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 5 00 00</p>
<p>E. Full Name of Donor James Tegeder</p> <p>Mailing Address of Donor 4716 Ridge Water CT</p> <p>City State Zip Holly Springs NC 27540</p>	<p>Date of Receipt 08 18 2004</p> <p>Amount 5 00 00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p>2 10 00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(copy total from last page to line B)</p>	<p>1 91 34 00 00</p>

SCHEDULE 3-A
Donation(s) Received

<p>A. Full Name of Donor C. Phillip Tholen</p> <p>Mailing Address of Donor 4203 East 75th Place</p> <p>City State Zip Tulsa OK 74136</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 500000</p>
<p>B. Full Name of Donor Paul Thomas</p> <p>Mailing Address of Donor PO Box 11085</p> <p>City State Zip Truckee CA 96162</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 100000</p>
<p>C. Full Name of Donor M Ray Thomasson</p> <p>Mailing Address of Donor 1410 High Street</p> <p>City State Zip Denver CO 80218</p>	<p>Date of Receipt 10 13 2004</p> <p>Amount 100000</p>
<p>D. Full Name of Donor Arthur H. Tiger</p> <p>Mailing Address of Donor 8 Glenbrook Dr</p> <p>City State Zip Mendham NJ 07945</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 50000</p>
<p>E. Full Name of Donor Norman Traverse</p> <p>Mailing Address of Donor 1744 South Ocean Blvd</p> <p>City State Zip Palm Beach FL 33480</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 100000</p>
<p>SUBTOTAL of Donors: This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line B)</p>	<p>5350000</p> <p>196690000</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Donald Tucker</p> <p>Mailing Address of Donor 6406 W Halbert Rd</p> <p>City State Zip Bethesda MD 20817</p>	<p>Date of Receipt 10 09 2004</p> <p>Amount 5 000 00</p>
<p>B. Full Name of Donor Donald and Karen Tucker</p> <p>Mailing Address of Donor 6406 West Halbert Rd.</p> <p>City State Zip Bethesda MD 20817</p>	<p>Date of Receipt 08 31 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Michael Valentine</p> <p>Mailing Address of Donor 1861 Dexter Avenue</p> <p>City State Zip Cincinnati OH 45205</p>	<p>Date of Receipt 10 11 2004</p> <p>Amount 2 500 00</p>
<p>D. Full Name of Donor cynthia vier</p> <p>Mailing Address of Donor 7806 W 99th Ter</p> <p>City State Zip Overland Park KS 66212</p>	<p>Date of Receipt 10 14 2004</p> <p>Amount 1 000 00</p>
<p>E. Full Name of Donor Gary L Waddington</p> <p>Mailing Address of Donor 11476 East Desert Troon Lane</p> <p>City State Zip Scottsdale AZ 85255</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 1 000 00</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>5 500 00</p> <p>1 972 400 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Beth Wade</p> <hr/> <p>Mailing Address of Donor 1112 Park Avenue, #9A</p> <hr/> <p>City State Zip New York NY 10128</p>	<p>Date of Receipt 10 14 2004</p> <hr/> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor Robert T. Walsh</p> <hr/> <p>Mailing Address of Donor 136 Smithfield Ct.</p> <hr/> <p>City State Zip Basking Ridge NJ 07920</p>	<p>Date of Receipt 10 12 2004</p> <hr/> <p>Amount 1 000 000</p>
<p>C. Full Name of Donor Roy Weiland</p> <hr/> <p>Mailing Address of Donor 18 Rolling Hill Court</p> <hr/> <p>City State Zip Madison NJ 07940</p>	<p>Date of Receipt 10 10 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>D. Full Name of Donor Roy Weiland</p> <hr/> <p>Mailing Address of Donor 18 Rolling Hill Court</p> <hr/> <p>City State Zip Madison NJ 07940</p>	<p>Date of Receipt 10 08 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>E. Full Name of Donor Billy Wilks</p> <hr/> <p>Mailing Address of Donor 9136 Heather Lane</p> <hr/> <p>City State Zip Moss Point MS 39562</p>	<p>Date of Receipt 10 09 2004</p> <hr/> <p>Amount 5 000 00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>1 400 000</p>
<p>TOTAL This Period (last page has line number only) ▶ (carry total from last page to Line 9)</p>	<p>1 986 400 00</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor billy wilks</p> <p>Mailing Address of Donor 9136 heather ln</p> <p>City State Zip moss point MS 39562</p>	<p>Date of Receipt MONTH DAY YEAR 06 24 2004</p> <p>Amount \$ 500.00</p>
<p>B. Full Name of Donor Edward Wnorowski, Jr.</p> <p>Mailing Address of Donor 11307 River Knoll Drive</p> <p>City State Zip Jacksonville FL 32225</p>	<p>Date of Receipt MONTH DAY YEAR 10 14 2004</p> <p>Amount \$ 500.00</p>
<p>C. Full Name of Donor Edward Wnorowski, Jr.</p> <p>Mailing Address of Donor 11307 River Knoll Drive</p> <p>City State Zip Jacksonville FL 32225</p>	<p>Date of Receipt MONTH DAY YEAR 08 26 2004</p> <p>Amount \$ 500.00</p>
<p>D. Full Name of Donor Taras Wolansky</p> <p>Mailing Address of Donor 400 Willow Tree Rd.</p> <p>City State Zip Leonia NJ 07605</p>	<p>Date of Receipt MONTH DAY YEAR 10 13 2004</p> <p>Amount \$ 500.00</p>
<p>E. Full Name of Donor Taras Wolansky</p> <p>Mailing Address of Donor 400 Willow Tree Rd.</p> <p>City State Zip Leonia NJ 07605</p>	<p>Date of Receipt MONTH DAY YEAR 08 26 2004</p> <p>Amount \$ 500.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ carry total from last page to Line 9)</p>	<p>2500.00</p> <p>1988900.00</p>

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Robert Woodings</p> <p>Mailing Address of Donor 6 Meadowood Drive</p> <p>City State Zip Pittsburgh PA 15216</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 2 500 00</p>
<p>B. Full Name of Donor William Young</p> <p>Mailing Address of Donor 10 Eliot Road</p> <p>City State Zip Lexington MA 02421</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 5 000 00</p>
<p>C. Full Name of Donor Robert Zoeller</p> <p>Mailing Address of Donor 1909 Elmore St</p> <p>City State Zip Louisville KY 40216</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 1 000 00</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 (printed) ▶</p>	<p>4 000 00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>1 992 900 00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Chris LaCivita Consulting		Date of Disbursement or Obligation 09 29 2004	
Mailing Address of Payee 13604 Timberlake Court		Amount 333300	
City Midlothian	State VA	Zip Code 23311	Communication Date 10 14 2004
Name of Employer 		Occupation 	
Purpose of Disbursement (including title(s) of communication(s)) Media Copywriting & Production			
Name of Federal Candidate John F. Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State District 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
B. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services		Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 600 Fairmount Avenue, Suite 306		Amount 17136909	
City Towson	State MD	Zip Code 21286	Communication Date 10 14 2004
Name of Employer 		Occupation 	
Purpose of Disbursement (including title(s) of communication(s)) Media Commission			
Name of Federal Candidate John F. Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State District 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional)		17470289	
TOTAL This Period (last page use this number only) (carry total from last page to line 10)		17470289	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KOAT-TV				Date of Disbursement or Obligation 10 - 13 - 2004	
Mailing Address of Payee 3801 Carlisle NE				Amount 120,768.00	
City Albuquerque	State NM	Zip Code 87125	Communication Date 10 - 14 - 2004		
Name of Employer _____				Occupation _____	
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee KOB-TV				Date of Disbursement or Obligation 10 - 13 - 2004	
Mailing Address of Payee 4 Broadcast Plaza SW				Amount 86,190.00	
City Albuquerque	State NM	Zip Code 87103	Communication Date 10 - 13 - 2004		
Name of Employer _____				Occupation _____	
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional):				206,958.00	
TOTAL This Form (last page this line number only): (carry over from last page to Line 10)				381,660.89	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KASA-TV				Date of Disbursement or Obligation 1 0 3 2 0 0 4	
Mailing Address of Payee 1377 University Blvd NE				Amount 2 8 4 7 5 0 0	
City Albuquerque	State NM	Zip Code 97102	Communication Date 1 0 3 2 0 0 4		
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State District	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For		
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For		
B. Full Name (Last, First, Middle Initial) of Payee WCPO-TV				Date of Disbursement or Obligation 1 0 3 2 0 0 4	
Mailing Address of Payee 1720 Gilbert Avenue				Amount 1 7 5 7 0 0 0 0	
City Cincinnati	State OH	Zip Code 45202	Communication Date 1 0 3 2 0 0 4		
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State District	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For		
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For		
SUBTOTAL of Disbursement/Obligations This Page (optional)				2 0 4 2 5 5 0 0	
TOTAL This Page (not page this line number only) (carry total from last page to line 10)				5 8 6 9 1 6 8 9	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WKRC-TV				Date of Disbursement or Obligation 10/13/2004	
Mailing Address of Payee 1906 Highland Avenue				Amount 3774000	
City Cincinnati	State OH	Zip Code 45219		Communication Date 10/14/2004	
Name of Employer Occupator					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	State District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	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 WLWT-TV				Date of Disbursement or Obligation 10/13/2004	
Mailing Address of Payee 1700 Young Street				Amount 16498500	
City Cincinnati	State OH	Zip Code 45202		Communication Date 10/14/2004	
Name of Employer Occupant					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	State District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	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)				20272500	
TOTAL This Period (last page has this number only) (carry total from last page to this 10)				78864089	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WXIX-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 635 West 7th Street				Amount 3587000	
City	State	Zip Code		Communication Date	
Cincinnati	OH	45203		10 14 2004	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
John F. Kerry		<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		<input checked="" type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
		<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
		<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee WEWS-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 3001 Euclid Avenue				Amount 6120000	
City	State	Zip Code		Communication Date	
Cleveland	OH	44115		10 14 2004	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
John F. Kerry		<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		<input checked="" type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
		<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For	
		<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)				9707000	
TOTAL This Period (last page into line number only) (copy total from last page to Line 10)				88571089	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle initial) of Payee WJW-TV			Date of Disbursement or Obligation 10 13 2004		
Mailing Address of Payee 5500 South Marginal Road			Amount 3646500		
City Cleveland	State OH	Zip Code 44103	Communication Date 10 14 2004		
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of contribution(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	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 WKYC-TV			Date of Disbursement or Obligation 10 13 2004		
Mailing Address of Payee 1333 Lakeside Avenue			Amount 8432000		
City Cleveland	State OH	Zip Code 44114	Communication Date 10 14 2004		
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of contribution(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursement/Obligations (This Page (total))			12078500		
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)			30649589		

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WOIO-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 1717 East 12th Street				Amount 5950000	
City	State	Zip Code		Communication Date	
Cleveland	OH	44114		10 14 2004	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) or contribution(s)) Media Buy					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
John F. Kerry	<input checked="" type="checkbox"/>	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify):	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify):	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify):	
B. Full Name (Last, First, Middle Initial) of Payee WBNS-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 770 Twin Rivers Drive				Amount 7582000	
City	State	Zip Code		Communication Date	
Columbus	OH	43215		10 14 2004	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) or contribution(s)) Media Buy					
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
John F. Kerry	<input checked="" type="checkbox"/>	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify):	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify):	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
	<input type="checkbox"/>	<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify):	
SUBTOTAL of Disbursements/Obligations This Page (optional)				13532000	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				114181589	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WCMH-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 3165 Olenlangy River Road				Amount 6451500	
City Columbus	State OH	Zip Code 43202		Communication Date 10 14 2004	
Name of Employer Occupation					
Purpose of Disbursement (including title) of communication(s) Media Buy					
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payee WSYX-TV				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 1251 Dublin Road				Amount 2168350	
City Columbus	State OH	Zip Code 43215		Communication Date 10 14 2004	
Name of Employer Occupation					
Purpose of Disbursement (including title) of communication(s) Media Buy					
Name of Federal Candidate John F. Kerry		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (optional)				8619850	
TOTAL Tax Period (last page this line number only) (carry over from last page to Line 10)				122801439	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WTTE-TV			Date of Disbursement or Obligation 10 15 2004
Mailing Address of Payee 1261 Dublin Road			Amount 5 1 0 0 0 0
City Columbus	State OH	Zip Code 43215	Communication Date 10 14 2004
Name of Employer Occupation			

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

Media Buy

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

B. Full Name (Last, First, Middle Initial) of Payee WDTN-TV			Date of Disbursement or Obligation 10 15 2004
Mailing Address of Payee 4595 South Drive			Amount 6 5 5 3 5 0
City Dayton	State OH	Zip Code 45439	Communication Date 10 14 2004
Name of Employer Occupation			

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

Media Buy

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

SUBTOTAL of Disbursements/Obligations This Page (optional)

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

1 1 6 5 3 5 0
1 2 3 9 6 8 7 8 9

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WHIO-TV				Date of Disbursement or Obligation 10 / 3 / 2004	
Mailing Address of Payee 1414 Wilmington Avenue				Amount 5446800	
City Dayton	State OH	Zip Code 45420	Communication Date 10 / 3 / 2004		
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name (Last, First, Middle Initial) of Payee WKEF-TV				Date of Disbursement or Obligation 10 / 3 / 2004	
Mailing Address of Payee 1731 Soldiers Home Road				Amount 1139000	
City Dayton	State OH	Zip Code 45418	Communication Date 10 / 3 / 2004		
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy					
Name of Federal Candidate John F. Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements/Obligations This Page (optional)				6585800	
TOTAL This Period (last page this line number only) (carry over from last page to line 10)				130552589	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WRGT-TV		Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 45 Broadcast Plaza		Amount 4,590.00	
City Dayton	State OH	Zip Code 45420	Communication Date 10 13 2004
Name of Employer _____		Occupation _____	
Purpose of Disbursement (including title of communication(s)) Media Buy			
Name of Federal Candidate John F. Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee Stevens Reed Curcio & Polholm		Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 305 Cameron Street		Amount 2,944.00	
City Alexandria	State VA	Zip Code 22314	Communication Date 10 13 2004
Name of Employer _____		Occupation _____	
Purpose of Disbursement (including title of communication(s)) Media Production			
Name of Federal Candidate John F. Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional):		3,403.40	
TOTAL This Period (last page this line number only): (carry total from last page to Line 10)		1,339,559.89	

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.

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<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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