

Americans United to Preserve Marriage

FAX COVER SHEET

TO: FEDERAL ELECTION COMMISSION

DATE: 10/10/2004

FAX: (202) 219-0174

FROM: DORIS BLACK

NUMBER OF PAGES (including cover): 5

MESSAGE: * AMENDED REPORT ATTACHED

2800 Shirlington Rd., #930, Arlington, VA 22206
Phone: 703-671-8800 Fax: 703-671-8899

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 AMERICANS UNITED TO PRESERVE MARRIAGE

(b) Address (number and street) check if different than previously reported
2800 SHIRLINGTON RD, #930

(c) City, State and ZIP Code
ARLINGTON, VA 22206

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

(e) Occupation
N/A

2. FEC Identification Number
C

3. Is this Statement New or Amended

4. Covering Period
10/19/2004 through 10/22/2004

5. (a) Date of Public Distribution(s) 10/22/2004 (b) Communication Title THE BLADE PART II

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 GARY L. BAUER

(b) Address (number and street)
2800 SHIRLINGTON ROAD, #930

(c) City, State and ZIP Code
ARLINGTON, VA 22206

(d) Name of Employer or Principal Place of Business
AMERICANS UNITED TO PRESERVE MARRIAGE

(e) Occupation
PRESIDENT

9. Total Donations This Statement 376,000.00

10. Total Disbursements/Obligations This Statement 179,810.00

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 DORIE BLACK

SIGNATURE *Dorie Black* DATE 10/28/2004

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. 1017g.

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name GARY L. BAUER
 (b) Address (number and street) 2800 SHIRLINGTON RD, #930
 (c) City, State and ZIP Code ARLINGTON, VA 22204
 (d) Name of Employer or Principal Place of Business AMERICANS UNITED TO PRESERVE MARRIAGE (e) Occupation PRESIDENT

B. (a) Name DOLE BLACK
 (b) Address (number and street) 2800 SHIRLINGTON RD, #930
 (c) City, State and ZIP Code ARLINGTON, VA 22204
 (d) Name of Employer or Principal Place of Business AMERICANS UNITED TO PRESERVE MARRIAGE (e) Occupation TREAS/CONTROLLER

C. (a) Name _____
 (b) Address (number and street) _____
 (c) City, State and ZIP Code _____
 (d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

D. (a) Name _____
 (b) Address (number and street) _____
 (c) City, State and ZIP Code _____
 (d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

E. (a) Name _____
 (b) Address (number and street) _____
 (c) City, State and ZIP Code _____
 (d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

AUBREY MCCLENDEN

Mailing Address of Donor

P.O. Box 18756

City State Zip
OKLAHOMA CITY OK 73154

Date of Receipt

10 14 2004

Amount

25,000.00

B. Full Name of Donor

AUBREY MCCLENDEN

Mailing Address of Donor

P.O. Box 18756

City State Zip
OKLAHOMA CITY OK 73154

Date of Receipt

10 23 2004

Amount

25,000.00

C. Full Name of Donor

TOM WARD

Mailing Address of Donor

P.O. Box 54525

City State Zip
OKLAHOMA CITY OK 73154

Date of Receipt

10 14 2004

Amount

25,000.00

D. Full Name of Donor

CHARLES MORSE

Mailing Address of Donor

P.O. Box 76

City State Zip
LECANTO FL 34460

Date of Receipt

10 19 2004

Amount

1,000.00

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional)

376,000.00

TOTAL This Period (last page this the number only)
(carry total from last page to Line 9)

376,000.00

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee PATRICK MEDIA		Date of Disbursement or Obligation 10 22 2004	
Mailing Address of Payee P.O. BOX 317-200 W. JEFFERSON		Amount 179,810.00	
City MARSHFIELD	State MO	Zip Code 65706	Communication Date 10 22 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title) of communication(s) MEDIA BUY THE BLADE / FAITH			
Name of Federal Candidate CARSON, BRAD	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OK 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		Date of Disbursement or Obligation	
Mailing Address of Payee		Amount	
City	State	Zip Code	Communication Date
Name of Employer		Occupation	
Purpose of Disbursement (including title) of communication(s)			
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) _____
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)		179,810.00	
TOTAL This Period (see page 10 for number only) (carry total from last page to Line 10)		179,810.00	

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

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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.

N/A
 PREPARER
 (5/2004)

N/A
 DATE PREPARED