

FAX COVER SHEET

FROM: William Borgiel
TO: Federal Election Commission
Fax: (202) 219-0174
DATE: October 4, 2004
PAGES: 5 (including fax cover sheet)

NOTES: William Borgiel, FEC Form 9


FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations	
(a) Name William Borgiel	2. FEC Identification Number N/A
(b) Address (number and street) <input type="checkbox"/> Check if different than previously reported 1150 Julie Ann	(c) City, State and ZIP Code Addison Township, Michigan 48367
(d) Name of Employer or Principal Place of Business Lutz Roofing Company, Inc.	(e) Occupation Owner
3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period 8/5/04 through 10/5/04
5. (a) Date of Public Distribution(s) 10/04/2004	(b) Communication Title "Our Children's Education"
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8. Custodian of Records	
(a) Name William Borgiel	
(b) Address (number and street) 1150 Julie Ann	
(c) City, State and ZIP Code Addison Township, Michigan 48367	
(d) Name of Employer or Principal Place of Business Lutz Roofing Company, Inc.	(e) Occupation Owner
9. Total Donations This Statement	2440000
10. Total Disbursements/Obligations This Statement	2460000

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 William Borgiel

SIGNATURE  DATE October 4, 2004

NOTE: Distribution of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. § 5972.

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 William Borgiel	
(b) Address (number and street) 1150 Julie Ann	
(c) City, State and ZIP Code Addison Township, Michigan 48367	
(d) Name of Employer or Principal Place of Business Lutz Roofing Company, Inc.	(e) Occupation Owner
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
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

PAGE 1 OF 1

<p>A. Full Name of Donor William Borgiel</p> <hr/> <p>Mailing Address of Donor 1150 Julie Ann</p> <hr/> <p>City State Zip Addison Township, Michigan 48367</p>	<p>Date of Receipt 09 30 2004</p> <hr/> <p>Amount 24 400 000</p>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <hr/> <p>Amount</p>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <hr/> <p>Amount</p>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <hr/> <p>Amount</p>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <hr/> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (column 1) ▶</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p>24 400 000</p> <hr/> <p>24 400 000</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee The Strategy Group for Media				Date of Disbursement or Obligation 09/30/2004	
Mailing Address of Payee 3944 North Hampton Drive				Amount 1600.00	
City Powell, Ohio	State Ohio	Zip Code 43065		Communication Code 10042004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) Create radio ad - "Our Children's Education"					
Name of Federal Candidate John Kerry	Office Sought <input checked="" type="checkbox"/> House	State District	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
Name of Federal Candidate John Kerry	Office Sought <input type="checkbox"/> Senate	District District	<input type="checkbox"/> Other (specify)		
Name of Federal Candidate John Kerry	Office Sought <input type="checkbox"/> President	District District	<input type="checkbox"/> Other (specify)		
B. Full Name (Last, First, Middle Initial) of Payee WJR				Date of Disbursement or Obligation 09/30/2004	
Mailing Address of Payee 3011 W. Grand Boulevard, Suite 800				Amount 22800.00	
City Detroit, Michigan	State Michigan	Zip Code 48202		Communication Code 10042004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) Airtake for radio ad - "Our Children's Education"					
Name of Federal Candidate John Kerry	Office Sought <input checked="" type="checkbox"/> House	State District	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
Name of Federal Candidate John Kerry	Office Sought <input type="checkbox"/> Senate	District District	<input type="checkbox"/> Other (specify)		
Name of Federal Candidate John Kerry	Office Sought <input type="checkbox"/> President	District District	<input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements/Obligations This Page (optional)				24400.00	
TOTAL This Form (last page this line number only) (carry total from last page to Line 10)				24400.00	

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
<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>	
N/A PREPARER (5/2004)	N/A DATE PREPARED