

Americans United to Preserve Marriage

FAX COVER SHEET

TO: FEDERAL ELECTION COMMISSION

DATE: 10/19/04

FAX: (202) 219-0174

FROM: DORIE BLACK

NUMBER OF PAGES (including cover): 7

MESSAGE: REPORT ATTACHED

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

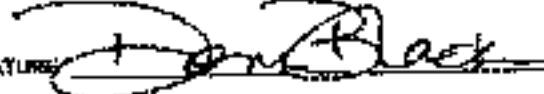
FEC FORM 9

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	2. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check 2 different from previously reported 2800 SHIRLINGTON ROAD, #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
3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period 08 28 2004 through 10 18 2004
5. (a) Date of Public Distribution: 10 18 2004	(b) Communication Title: LIBERAL
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 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	27,000.00
10. Total Disbursements/Obligations This Statement	11,610.00

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.

THE NR PRINT NAME OF PERSON COMPLETING FORM DORIE BLACK

SIGNATURE  DATE 10/14/04

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

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 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

B. (a) Name DORIE BLACK
 (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 TREASURER/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

<p>A. Full Name of Donor MR. CLARENCE BURG</p> <p>Mailing Address of Donor 306 S. JACKSON STREET</p> <p>City State Zip STARKVILLE MS 39759</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 5,000.00</p>
<p>B. Full Name of Donor MR. DALE HEDRICK</p> <p>Mailing Address of Donor 2200 CENTREPARK WEST DR. #100</p> <p>City State Zip WEST PALM BEACH FL 33409</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor MR. IVAN HIRCHS</p> <p>Mailing Address of Donor 6101 CARNEGIE BLVD #400</p> <p>City State Zip CHARLOTTE NC 28209</p>	<p>Date of Receipt 10 05 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor MR. DAVID HOLLINGER</p> <p>Mailing Address of Donor 755 WHITE OAK ROAD</p> <p>City State Zip DENVER PA 17517</p>	<p>Date of Receipt 09 30 2004</p> <p>Amount 5,000.00</p>
<p>E. Full Name of Donor MR. LARRY SMITH</p> <p>Mailing Address of Donor 3 OAKMONT LANE</p> <p>City State Zip NEWPORT BEACH CA 92666</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 5,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>17,000.00</p>
<p>TOTAL This Period (total page this line number only) ▶ (carry total from last page to Line 9)</p>	<p></p>

SCHEDULE 9-A
Donation(s) Received

PAGE 2 OF 3

<p>A. Full Name of Donor MR. RANDY CREECH</p> <p>Mailing Address of Donor P. O. BOX 29</p> <p>City State Zip STEVENSVILLE MT 59870</p>	<p>Date of Receipt 10 06 2004</p> <p>Amount 50,000.00</p>
<p>B. Full Name of Donor MR. JACK DEWITT</p> <p>Mailing Address of Donor 205 NORWOOD AVE</p> <p>City State Zip HOLLAND MI 49424</p>	<p>Date of Receipt 10 08 2004</p> <p>Amount 25,000.00</p>
<p>C. Full Name of Donor MR. ROBERT HAMANN</p> <p>Mailing Address of Donor 1000 PIONEER WAY</p> <p>City State Zip EL CAJON CA 92020</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 25,000.00</p>
<p>D. Full Name of Donor MR. CHARLES SCHREIBER, JR.</p> <p>Mailing Address of Donor 27091 HIDDEN TRAIL</p> <p>City State Zip LAGUNA HILLS CA 92653</p>	<p>Date of Receipt 10 12 2004</p> <p>Amount 6,000.00</p>
<p>E. Full Name of Donor MR. RAY HUFFINES</p> <p>Mailing Address of Donor 4500 W. PLANO Pkwy</p> <p>City State Zip PLANO TX 75093</p>	<p>Date of Receipt 10 04 2004</p> <p>Amount 1,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) 107,000.00</p>	
<p>TOTAL This Period (last page this line number only) (carry over) from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor MRS. MERRY LARKIN</p> <p>Mailing Address of Donor 259 N. WATERSTOWN ST</p> <p>City State Zip WAUPUN WI 53963</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor MR. GERALD VANDERLUGT</p> <p>Mailing Address of Donor 1535 44TH ST, SW, #400</p> <p>City State Zip WYOMING MI 49509</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor MR. BOB SCHMIDT</p> <p>Mailing Address of Donor 13714 VINERY LANE</p> <p>City State Zip CYPRESS TX 77429</p>	<p>Date of Receipt 10 07 2004</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor MR. BOB SCHMIDT</p> <p>Mailing Address of Donor 13714 VINERY LANE</p> <p>City State Zip CYPRESS TX 77429</p>	<p>Date of Receipt 10 15 2004</p> <p>Amount 500.00</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 (optional)</p>	<p>3,000.00</p>
<p>TOTAL This Period (last page use line number only) (carry total from last page to LINE 9)</p>	<p>127,000.00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payer RED SEA LLC		Date of Disbursement or Obligation 10 14 2004	
Mailing Address of Payer 1111 17th ST, NW, SUITE 211		Amount 111,610.00	
City WASHINGTON	State DC	Zip Code 20036	Communication Date 10 18 2004
Name of Employer 		Occupation 	
Purpose of Disbursement (including title(s) of communication(s)) MEDIA BUY - LIBERAL			
Name of Federal Candidate JOHN KERRY	Office Sought: <input type="checkbox"/> House <input checked="" 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: <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 Payer 		Date of Disbursement or Obligation 	
Mailing Address of Payer 		Amount 	
City 	State 	Zip Code 	Communication Date
Name of Employer 		Occupation 	
Purpose of Disbursement (including title(s) 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)		111,610.00	
TOTAL This Period (last page this line number only) <small>(copy total from last page to line 10)</small>		111,610.00	

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
<input type="checkbox"/> USPS Priority Mail	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