

FROM : BROOKS

FAX NO. : 5122359723

Mar. 01 2004 01:34PM PZ

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

I. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursements/Obligations

(a) Name Golden State Senatorial Initiative, an unincorporated association

(b) Address (number and street) check if different than previously reported 10 Almaden Blvd., Suite 988

(c) City, State and ZIP Code San Jose, CA 95113

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number 0

3. Is this Statement **Not** or **Anticipated**

4. Covering Period 02 27 2004 through 03 01 2004

5. (a) Date of Public Distribution 03 01 2004 (b) Communication Title California History

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 deposits to a segregated bank account? Yes No * if the funds were wired directly to individuals out of personal bank acct. to the individual

B. Custodian of Records

(a) Name Donald W. Brooks

(b) Address (number and street) 10 Almaden Blvd., Suite 988

(c) City, State and ZIP Code San Jose CA 95113

(d) Name of Employer or Principal Place of Business KLM Capital Group (e) Occupation Chairman


8. Total Donations This Statement 70000.00

10. Total Disbursements/Obligations This Statement 70,000.00

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

SIGNATURE

Donald W. Brooks


DATE

03/01/04

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

FAX NO. 15122369729

Mar. 21 2004 01:34PM P3

FROM: BROOKS

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

PAGE | DF |

11. Person(s) Sharing/Exercising Control

A. (a) Name Donald W. Brooks
 (b) Address (number and street) 10 Almaden Blvd, #988
 (c) City, State and ZIP Code San Jose, CA 95113
 (d) Name of Employer or Principal Place of Business KLM Capital Group (e) Occupation Chairman

B. (a) Name Stephen A. Finn
 (b) Address (number and street) 7103 S. Revere Pkwy.
 (c) City, State and ZIP Code Englewood, CO 80122
 (d) Name of Employer or Principal Place of Business Trust Company of America (e) Occupation Chairman, CEO President

C. (a) Name Robert Dykes
 (b) Address (number and street) 12200 Kate Drive
 (c) City, State and ZIP Code Los Altos Hills, CA 94022
 (d) Name of Employer or Principal Place of Business Electronics (e) Occupation CEO and President, Systems Group

D. (a) Name Mr. & Mrs. Wilfred J. Corrigan
 (b) Address (number and street) 12797 Normandy Lane
 (c) City, State and ZIP Code Los Altos Hills, CA 94022
 (d) Name of Employer or Principal Place of Business (for Wilfred) LSI Logic Corporation (e) Occupation Chairman & CEO

E. (a) Name Frank and Annie Chan
 (b) Address (number and street) 19770 Stevens Creek Blvd.
 (c) City, State and ZIP Code Cupertino, CA 95014
 (d) Name of Employer or Principal Place of Business (for Frank) ESS Technology, Inc. (e) Occupation Chairman

FROM: BROOKS

FAX NO.: 5122363729

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SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor	Date of Receipt
Robert Dykes Mailing Address of Donor 12200 Kate Drive City: Los Altos Hills, CA 94022	02 27 2004 Amount 10,000.00
B. Full Name of Donor Mr. & Mrs. Wiffred J. Corrigan Mailing Address of Donor 12797 Normandy Lane City: Los Altos Hills, CA 94022	Date of Receipt 03 01 2004 Amount 10,000.00
C. Full Name of Donor Frank and Annie Chan Mailing Address of Donor 19770 Stevens Creek Blvd. City: Cupertino CA 95014	Date of Receipt 03 01 2004 Amount 50,000.00
D. Full Name of Donor Mailing Address of Donor City: State Zip	Date of Receipt Amount
E. Full Name of Donor Mailing Address of Donor City: State Zip	Date of Receipt Amount

SUBTOTAL of Donations This Page (optional) _____

TOTAL This Period (add page (this line number only) _____

(carry over from last page to Line 9) 70000.00

Note: These donors are in addition to the donors who previously donated and are listed in the Golden State Senatorial Initiative's FEC Form 9 filed on February 25, 2004.

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FROM : BROOKS

FAX NO. : 5122359728

Mar. 01 2004 01:34PM '05

SCHEDULE 3-B

PAGE 1 OF 1

Disbursements(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <u>Stevens Reed Curcio & Pot-hole</u>		Date of Disbursement or Obligation <u>03 01 2004</u>	
Mailing Address of Payee <u>305 Cameron St.</u>		Amount <u>7000000</u>	
City <u>Alexandria</u>	State <u>VA</u>	Zip Code <u>22314</u>	Communication Date <u>03 01 2004</u>
Name of Employer 		Occupation 	
Purpose of Disbursement (including name(s) of communication(s)) <u>Radio Ad - "California History"</u>			
Name of Federal Candidate <u>Toni Casey</u>	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State <u>CA</u>	Disbursement/Obligation For: <input checked="" 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 	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 	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 name(s) of communication(s)) 			
Name of Federal Candidate 	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State 	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 	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 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
TOTAL of Disbursements/Obligations This Page Reported		<u>7000000</u>	
TOTAL This Period (last page this line number only) <small>(carry over from last page or line 10)</small>			

REMARKS FOR

FSC FORM 2780E (02/00)

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
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<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
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<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	N/A
PREPARER	DATE PREPARED