confidential fax

To:	**Federal Election Commission**
Fax Number:	202-219-0174

From:	**Steve Cobble**
Fax Number:	703.531.1183
Business Phone:	(703) 531-1183
Home Phone:	

Pages:	7
Date/Time:	10/23/2004 2:50:52 PM
Subject:	FEC Form 9

This is the Real Economy Group 527 FEC Form 9 filing (6 pages follow) Thank you
Steve Cobble, Treasurer

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: Real Planning Group

(b) Address (number and street) ☐ check if different than previously reported: P.O. Box 595

(c) City, State and ZIP Code: Falls Church, VA 22040

(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 05 2004 through 10 23 2004

5. (a) Date of Public Distribution(s): 10 23 2004 (b) Communication Title: "April"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? 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: Steven Cobble

(b) Address (number and street): P.O. Box 595

(c) City, State and ZIP Code: Falls Church, VA 22040

(d) Name of Employer or Principal Place of Business: self-employed

(e) Occupation: Consultant

9. Total Donations This Statement: 0.00

10. Total Disbursements/Obligations This Statement: 6492884

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: Steven B. Cobble

SIGNATURE: Steven B. Cobble DATE: 10/23/04

NOTE: Submission of false, erroneous or incomplete statements 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 | OF

11. Person(s) Sharing/Exercising Control

A. (a) Name
Steven Cobble
(b) Address (number and street)
P.O. Box 595
(c) City, State and ZIP Code
Falls Church, VA 22040
(d) Name of Employer or Principal Place of Business
self-employed
(e) Occupation
Consultant

B. (a) Name
Molly Smith
(b) Address (number and street)
P.O. Box 595
(c) City, State and ZIP Code
Falls Church, VA 22040
(d) Name of Employer or Principal Place of Business
Fairfax County Public Schools
(e) Occupation
Teacher

C. (a) Name
Jeff Cohen
(b) Address (number and street)
P.O. Box 595
(c) City, State and ZIP Code
Falls Church, VA 22040
(d) Name of Employer or Principal Place of Business
self-employed
(e) Occupation
Consultant

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

A. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount
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) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 0.00
(carry total from last page to Line 9)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 1 OF 3

A. Full Name (Last, First, Middle Initial) of Payee: Steven Cobble

Mailing Address of Payee: P.O. Box 595

City: Falls Church, VA | State: | Zip Code: 22040

Name of Employer: self-employed | Occupation: consultant

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

Date of Disbursement or Obligation: 10 12 2004

Amount: 5,000.00

Communication Date: 10 23 2004

Name of Federal Candidate: George W. Bush | Office Sought: [ ] House [ ] Senate [✓] President | State: NV, CO | District: | Disbursement/Obligation For: [ ] Primary [✓] General [ ] Other (specify)

Name of Federal Candidate: | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee: Steven Cobble

Mailing Address of Payee: P.O. Box 595

City: Falls Church, VA | State: | Zip Code: 22040

Name of Employer: self-employed | Occupation: consultant

Purpose of Disbursement (including title(s) of communication(s)): reimbursement for expenses

Date of Disbursement or Obligation: 10 12 2004

Amount: 255.84

Communication Date: 10 23 2004

Name of Federal Candidate: George W. Bush | Office Sought: [ ] House [ ] Senate [✓] President | State: NV, CO | District: | Disbursement/Obligation For: [ ] Primary [✓] General [ ] Other (specify)

Name of Federal Candidate: | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 5255.84

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

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: Lichman, Trister & Ross

Date of Disbursement or Obligation: 10 12 2004

Mailing Address of Payee: 1666 Connecticut Avenue N.W., Suite 500

City: Washington State: D.C. Zip Code: 20009

Amount: 2,623.00

Name of Employer: Lichman, Trister & Ross Occupation: law firm

Communication Date: 10 23 2004

Purpose of Disbursement (including title(s) of commodities/services): legal work

Name of Federal Candidate: George W. Bush

Office Sought: House / Senate / President ☑ — State: NY, PA — District: ——

Disbursement/Obligation For: Primary / General ☑ / Other (specify)

Name of Federal Candidate: ——

Office Sought: House / Senate / President — State: —— District: ——

Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate: ——

Office Sought: House / Senate / President — State: —— District: ——

Disbursement/Obligation For: Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee: Mechlikiness, Robinson & Partners, Inc.

Date of Disbursement or Obligation: 10 22 2004

Mailing Address of Payee: 1669 L Street N.W., Suite 301

City: Washington, D.C. State: Zip Code: 20036

Amount: 11,000.00

Name of Employer: Mechlikiness, Robinson & Partners, Inc. Occupation: advertising firm

Communication Date: 10 23 2004

Purpose of Disbursement (including title(s) of commodities/services): TV ads ("Apple") radio production / purchase

Name of Federal Candidate: George W. Bush

Office Sought: House / Senate / President ☑ — State: NY, CA — District: ——

Disbursement/Obligation For: Primary / General ☑ / Other (specify)

Name of Federal Candidate: ——

Office Sought: House / Senate / President — State: —— District: ——

Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate: ——

Office Sought: House / Senate / President — State: —— District: ——

Disbursement/Obligation For: Primary / General / Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ..... ▶ 11,623.00

TOTAL This Period (last page this line number only) ..... ▶
(carry total from last page to Line 16)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: Campaign for America's future GC Fund

Mailing Address of Payee: 1625 Connecticut Avenue, N.W., Suite # 205

City: Washington, D.C. State: Zip Code: 20036

Name of Employer: Campaign for America's future GC Fund Occupation: Political Organization

Date of Disbursement or Obligation: 10 22 2004

Amount: 40,000.00

Cumulative Date: 10 23 2004

Purpose of Disbursement (including Name of Government Official): transfer for possible ad placement

Name of Federal Candidate: George W. Bush
Office Sought: House / Senate / President ☑
State: IA, MI
District:
Disbursement/Obligation For: Primary / General ☑ / Other (specify)

Name of Federal Candidate:
Office Sought: House / Senate / President
State:
District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate:
Office Sought: House / Senate / President
State:
District:
Disbursement/Obligation For: Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee: SunTrust Bank

Mailing Address of Payee: 1711 Lee Highway

City: Arlington, VA State: Zip Code: 22205

Name of Employer: SunTrust Bank Occupation: Bank

Date of Disbursement or Obligation: 10 22 2004

Amount: 50.00

Cumulative Date: 10 23 2004

Purpose of Disbursement (including Name of Government Official): Wiring fees

Name of Federal Candidate: George W. Bush
Office Sought: House / Senate / President ☑
State: MI, IA, DC
District:
Disbursement/Obligation For: Primary / General ☑ / Other (specify)

Name of Federal Candidate:
Office Sought: House / Senate / President
State:
District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate:
Office Sought: House / Senate / President
State:
District:
Disbursement/Obligation For: Primary / General / Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 40050.00

TOTAL This Period (last page this line number only) ▶ 64,325.84
(carry total from last page to Line 10)

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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked Delivery Confirmation ™ Label ☐
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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
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N/A
PREPARER

N/A
DATE PREPARED

(5/2004)