

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

The Media Fund

(b) Address (number and street) check if different than previously reported

1101 Vermont Avenue, NW, 9th Floor

(c) City, State and ZIP Code

Washington, DC 20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

New

or

Amended

4. Covering Period

10/02/06 through 10/27/06

10/02/06 through 10/27/06

5. (a) Date of Public Distribution(s)

10/02/06 through 10/27/06

(b) Communication Title

"Stem Cell"

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

B. Custodian of Records

(a) Name

Gary Gruver

(b) Address (number and street)

1101 Vermont Avenue, NW, 9th Floor

(c) City, State and ZIP Code

Washington, DC 20005

(d) Name of Employer or Principal Place of Business

America Votes, Inc.

(e) Occupation

Chief Financial Officer

9. Total Donations This Statement

\$ 000,000.00

10. Total Disbursements/Obligations This Statement

\$ 198,125.00

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

Gary Gruver

SIGNATURE

DATE:

10/27/06

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §457g.

26039254171

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

11. Person(s) Sharing/Exercising Control

A. (a) Name Erik Smith	
(b) Address (number and street) 1101 Vermont Ave., NW 9th Floor	
(c) City, State and ZIP Code Washington, DC 20005	
(d) Name of Employer or Principal Place of Business The Media Fund	(e) Occupation President/Treasurer
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

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SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
September Fund

Mailing Address of Donor
PO Box 34101

City State Zip
Washington, DC 20043

Date of Receipt
09 15 2006 to
09 1 Amount 2006
300 00000

B. Full Name of Donor
Albert J. Dvoskin

Mailing Address of Donor
9302 Lee Highway, Suite 300

City State Zip
Fairfax VA 22031

Date of Receipt
09 15 2006

Amount
500 00000

MEMO

C. Full Name of Donor
Lewis B. Cullman

Mailing Address of Donor
787 Third Avenue, 36th Floor

City State Zip
New York NY 10017

Date of Receipt
09 19 2006

Amount
250 00000

MEMO

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 (last page this line number only) ▶
(carry total from last page to Line 9)

300 00000

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies				Date of Disbursement or Obligation 10 / 27 / 2006	
Mailing Address of Payee 1010 Wisconsin Ave., NW Suite 800				Amount 1,125.00	
City Washington	State DC	Zip Code 20007		Communication Date 10 / 27 / 2006	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) TV Ad Placement "Stem Cell"					
Name of Federal Candidate George Allen	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA	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 Waterfront Strategies				Date of Disbursement or Obligation 10 / 27 / 2006	
Mailing Address of Payee 1010 Wisconsin Ave., NW Suite 800				Amount 17,000.00	
City Washington	State DC	Zip Code 20007		Communication Date 10 / 27 / 2006	
Name of Employer Occupation					
Purpose of Disbursement (including title(s) of communication(s)) TV Ad Placement "Stem Cell"					
Name of Federal Candidate Jim Talent	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO	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) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee First Tuesday Media Inc.			Date of Disbursement or Obligation 10 / 27 / 2006		
Mailing Address of Payee 1148 N Poinsettia Place			Amount 5,000.00		
City Los Angeles	State CA	Zip Code 90046	Communication Date 10 / 27 / 2006		
Name of Employer Occupation 					
Purpose of Disbursement (including title(s) of communication(s)) TV Ad Production "Stem Cell"					
Name of Federal Candidate George Allen	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA 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 First Tuesday Media Inc.			Date of Disbursement or Obligation 10 / 27 / 2006		
Mailing Address of Payee 1148 N Poinsettia Place			Amount 5,000.00		
City Los Angeles	State CA	Zip Code 90046	Communication Date 10 / 27 / 2006		
Name of Employer Occupation 					
Purpose of Disbursement (including title(s) of communication(s)) TV Ad Production "Stem Cell"					
Name of Federal Candidate Jim Talent	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO 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) _____		
SUBTOTAL of Disbursements/Obligations This Page (optional)			 		
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)			19,812.50		

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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	N/A DATE PREPARED

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