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Facsimile Cover Sheet

Date: 5/11/2004 Fax: 202-219-0174

To: Federal Election Commission

From: James Lamb/
 Ariel Moyer

Notes:

Initials: client: 753-01

Please deliver the following 9 pages (including cover sheet) to the above named recipient. If you do not receive all of the pages, please contact the listed operator at (202) 293 1177. Thank you.

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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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

(a) Name The Media Fund

(b) Address (number and street) check if different than previously reported
1120 Connecticut Avenue NW #1140

(c) City, State and ZIP Code
Washington, DC 20036

(d) Name of Employer or Principal Place of Business
N/A

(e) Occupation
N/A

2. FEC Identification Number

C N/A

3. Is This Statement New or Amended

4. Covering Period

05/05 through 05/10/2004

5. (a) Date of Public Distribution(s) 05/05/2004

(b) Communications Type None-EC

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
Janice Ann Enright

(b) Address (number and street)
1120 Connecticut Avenue NW #1140

(c) City, State and ZIP Code
Washington, DC 20036

(d) Name of Employer or Principal Place of Business
The Jones & Enright Group, Inc.

(e) Occupation
Principal

9. Total Donations This Statement 1,075,000.00

10. Total Disbursements/Obligations This Statement 57,908.17

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

Janice Ann Enright

SIGNATURE

Janice Enright

DATE 05/10/2004

NOTE: Submission of this statement or disclosure information may subject the filer to the penalties set forth in 11 CFR 114.10.

FEC FORM 9 (REV. 3/2003)

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) 888 15th Street NW 7th Fl.	
(c) City, State and ZIP Code Washington, DC 20006	
(d) Name of Employer or Principal Place of Business The Media Fund	(e) Occupation Executive Director
B. (a) Name Harold Ickes	
(b) Address (number and street) 1129 Connecticut Avenue NW #1140	
(c) City, State and ZIP Code Washington, DC 20036	
(d) Name of Employer or Principal Place of Business The Media Fund	(e) Occupation President
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

A. Full Name of Donor

VICTORY CAMPAIGN 2004

Mailing Address of Donor

1120 CONNECTICUT AVENUE NW #1100

City

State

Zip

WASHINGTON, DC 20030

Date of Receipt

05 / 07 / 2004

Amount

1,075,000.00

Joint Fundraising Proceeds

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

NETOTAL of Donations This Page (optional)

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

1,075,000.00

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
KAGY-TV

Mailing Address of Payee
3513 JEWELL AVENUE

City **SHREVEPORT, LA 71109** **State** **LA** **Zip Code** **71109**

Name of Employer **N/A** **Occupation** **N/A**

Date of Disbursement or Obligation
 05 07 2004

Amount
 1,311.50

Communication Date
 05 10 2004

Purpose of Disbursement (including title(s) of communication(s))
TV Advertisement 05/10/04 - 05/16/04 "Alone-EC"

Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/>	State AR	Disbursement/Obligation For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For

B. Full Name (Last, First, Middle Initial) of Payee
KARD-TV

Mailing Address of Payee
200 PAVILLION ROAD

City **WEST MONROE, LA 71292** **State** **LA** **Zip Code** **71292**

Name of Employer **N/A** **Occupation** **N/A**

Date of Disbursement or Obligation
 05 07 2004

Amount
 258.00

Communication Date
 05 10 2004

Purpose of Disbursement (including title(s) of communication(s))
TV Advertisement 05/10/04 - 05/16/04 "Alone-EC"

Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/>	State AR	Disbursement/Obligation For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For

SUBTOTAL of Disbursements/Obligations This Page (optional) _____

TOTAL This Period (last page only) _____
 (carry total from last page to Line 10)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KNQ5-TV		Date of Disbursement or Obligation 05 / 07 / 2004	
Mailing Address of Payee 1400 OLIVER ROAD		Amount 10,075.75	
City MONROE, LA 71201	State LA	Zip Code 71201	Communication Date 05 / 10 / 2004
Name of Employer N/A	Occupation N/A	Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 05/10/04 - 05/16/04 "Alone-EC"	
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State AR	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:
B. Full Name (Last, First, Middle Initial) of Payee KTVE-TV		Date of Disbursement or Obligation 05 / 07 / 2004	
Mailing Address of Payee 280 PAVILLION ROAD		Amount 7,359.50	
City WEST MONROE, LA 71292	State LA	Zip Code 71292	Communication Date 05 / 10 / 2004
Name of Employer N/A	Occupation N/A	Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 05/10/04 - 05/16/04 "Alone-EC"	
Name of Federal Candidate George W. Bush	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State AR	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:
SUBTOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (last page this line number only) (carry total from last page to line 10)			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KMSS-TV		Date of Disbursement or Obligation 05 / 07 / 2004	
Mailing Address of Payee 3518 JEWELLA AVENUE		Amount 270.25	
City SHREVEPORT, LA 71188	State LA	Zip Code 71188	Communication Date 05 / 10 / 2004
Name of Employer N/A	Occupation N/A		
Purpose of Disbursement (including date(s) of communication(s)) TV Advertisement 05/10/04 - 05/18/04 "Alone-EC"			
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State AR	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 KSLA-TV		Date of Disbursement or Obligation 05 / 07 / 2004	
Mailing Address of Payee 1812 FAIRFIELD AVENUE		Amount 28,018.50	
City SHREVEPORT, LA 71109	State LA	Zip Code 71109	Communication Date 05 / 18 / 2004
Name of Employer N/A	Occupation N/A		
Purpose of Disbursement (including date(s) of communication(s)) TV Advertisement 05/10/04 - 05/16/04 "Alone-EC"			
Name of Federal Candidate George W. Bush	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State AR	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) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (last page has line number only) (carry total from last page to line 10)			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KTAL-TV		Date of Disbursement or Obligation 05 / 07 / 2004	
Mailing Address of Payee 3150 N. MARKET STREET		Amount 1,840.25	
City SHREVEPORT, LA 71107	State	Zip Code	Communication Date 05 / 10 / 2004
Name of Employer N/A	Occupation N/A	Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 05/10/04 - 05/16/04 "A-Jane-EC"	
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: AR District:	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: 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 KTBS-TV		Date of Disbursement or Obligation 05 / 07 / 2004	
Mailing Address of Payee 312 E. KINGS HIGHWAY		Amount 10,293.75	
City SHREVEPORT, LA 71104	State	Zip Code	Communication Date 05 / 18 / 2004
Name of Employer N/A	Occupation N/A	Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 05/18/04 - 05/18/04 "A-Jane-EC"	
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: AR District:	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: 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) (copy what from last page to line 10)			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
MEDIA STRATEGIES & RESEARCH

Address of Payee
1380 LINCOLN STREET #510

City **State** **Zip Code**
DENVER, CO 80203

Name of Employer **Occupation**
N/A **N/A**

Date of Disbursement or Obligation
 05 / 07 / 2004

Amount
 \$56.87

Communication Date
 05 / 16 / 2004

Purpose of Disbursement (Including ID(s) or communication(s))

TV Advertisement 05/10/04 - 05/16/04 "Aione-EC"

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

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

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

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

Address of Payee

City **State** **Zip Code**

Name of Employer **Occupation**

Date of Disbursement or Obligation

Amount

Communication Date

Purpose of Disbursement (Including ID(s) or communication(s))

TV Advertisement 05/10/04 - 05/16/04 "Aione-EC"

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

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

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

SUBTOTAL of Disbursements/Obligations This Page (optional) _____

TOTAL This Period (last page this line number only) _____
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57968.17

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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