

FROM : BROOKS

FRX NO. : 5122369729

Feb. 25 2004 04:20 PM P2

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: 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: C

3. Is This Statement New or Amended

4. Covering Period: 02 24 2004 to 02 26 2004

5. (a) Date of Public Distribution: 02 26 2004 (b) Communication Title: California History

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
* The funds were used directly by individuals out of personal bank accounts to the public firm.

8. 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

9. Total Donations This Statement: 100,000.00

10. Total Disbursements/Obligations This Statement: 100,000.00

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: Donald W. Brooks

SIGNATURE: *Donald W. Brooks* DATE: 2/25/04

NOTE: Submission of false, erroneous or incomplete information may subject the filer to penalties under the Federal Election Campaign Act.

FEB2004/04

FEC FORM 9 (REV. 02/2003)

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

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II. 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 80112	
(d) Name of Employer or Principal Place of Business Trust Company of America	(e) Occupation Chairman, CEO & 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

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SCHEDULE 9-A

Donation(s) Received

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<p>A. Full Name of Donor Donald W. Brooks</p> <p>Mailing Address of Donor 10 Almaden Blvd. #488</p> <p>City State Zip San Jose CA 95113</p>	<p>Date of Receipt 02 24 2004</p> <p>Amount 50,000.00</p>
<p>B. Full Name of Donor Stephen A. Finn</p> <p>Mailing Address of Donor 7103 S. Revere Pkwy</p> <p>City State Zip Englewood, CO 80112</p>	<p>Date of Receipt 02 24 2004</p> <p>Amount 50,000.00</p>
<p>C. 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>D. 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>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 (continued) →</p> <p>TOTAL This Period (last page this line number only) → (carry total from last page to Line 8)</p> <p style="text-align: right;">100,000.00</p>	

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SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Stevens Reed Curcio & Patholm		Date of Disbursement or Obligation 02 24 2004	
Mailing Address of Payee 305 Cameron St.		Amount 100,000.00	
City Alexandria	State VA	Zip Code 22314	Communication Date 02 26 2004
Purpose of Disbursement (including name of communication(s)) Radio ad - "California History"			
Name of Federal Candidate Toni Casey	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State CA	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 Payor		Date of Disbursement or Obligation	
Mailing Address of Payor		Amount	
City	State	Zip Code	Communication Date
Purpose of Disbursement (including name of communication(s))			
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For
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)		100,000.00	
TOTAL This Form (last page this line number only) (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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C)
<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 State 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	N/A
PREPARER	DATE PREPARED