

Fax Cover Sheet

FROM: Progress for America Voter Fund
Ralph R. Brown, Secretary

TO: Federal Election Commission
Fax: (202) 219-0174

DATE: October 23, 2004

PAGES: 7 (including fax cover sheet)

The following is being transmitted by facsimile by the required due date:

Progress for America Voter Fund FEC Form 9

For the period from October 22, 2004, through October 22, 2004.

NOTE: This is the second of two (2) separate Forms 9 that have been faxed today for Progress for America Voter Fund.

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 Progress for America Voter Fund		2. FEC Identification Number C N/A
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. Box 57167	(c) City, State and ZIP Code Washington, DC 20037	
(d) Name of Employer or Principal Place of Business N/A		(e) Description

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period From 10/10/04 to 10/22/04 through 10/22/04
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5. (a) Date of Public Distribution(s) **10/22/2004** (b) Communication Title **"Blog"**

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

8. Custodian of Records

(a) Name Mary Anne Carter	
(b) Address (number and street) P.O. Box 57167	
(c) City, State and ZIP Code Washington, DC 20037	
(d) Name of Employer or Principal Place of Business MAC Research	(e) Description Consultant

9. Total Donations This Statement **0.00**

10. Total Disbursements/Obligations This Statement **25338.447**

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 Ralph R. Brown, Secretary

SIGNATURE *Ralph R. Brown*

DATE October 23, 2004

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

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

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11. Person(s) Sharing/Exercising Control

A. (a) Name Brian McCabe	
(b) Address (number and street) P.O. Box 57167	
(c) City, State and ZIP Code Washington, DC 20037	
(d) Name of Employer or Principal Place of Business DCI Group, L.L.C.	(e) Occupation Partner
B. (a) Name Mary Anne Garter	
(b) Address (number and street) P.O. Box 57167	
(c) City, State and ZIP Code Washington, DC 20037	
(d) Name of Employer or Principal Place of Business MAC Research	(e) Occupation Consultant
C. (a) Name Ralph R. Brown	
(b) Address (number and street) P.O. Box 57167	
(c) City, State and ZIP Code Washington, DC 20037	
(d) Name of Employer or Principal Place of Business McDonald, Brown & Fagen	(e) Occupation Attorney
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

<p>A. Full Name of Donor</p> <p>NO REPORTABLE DONATIONS. ALL REPORTED ON</p> <p>Mailing Address of Donor</p> <p>REPORT COVERING PERIOD OCT. 20-22, 2004.</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <p>Amount</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Month Day Year</p> <p>Amount</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>Month Day Year</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>Month Day Year</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>Month Day Year</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from next page to Line 9)</p>	<p>0.00</p>

SCHEDULE 9-B

Disbursement(s) Made of Obligation(s)

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A. Full Name (Last, First, Middle Initial) of Payee AMERICAN MOVIE CLASSICS		Date of Disbursement or Obligation 10 / 20 / 2004	
Mailing Address of Payee 1111 Stewart Avenue		Amount 17,203.25	
City Bardonia	State NY	Zip Code 11714	Communication Date 10 / 23 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising Time [10/22 - 11/01] "Hug"			
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: All 50 Party: states	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate Sen. John Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: All 50 Party: states	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought:	State:	Disbursement/Obligation For:
B. Full Name (Last, First, Middle Initial) of Payee WOMEN'S ENTERTAINMENT		Date of Disbursement or Obligation 10 / 20 / 2004	
Mailing Address of Payee 1111 Stewart Avenue		Amount 5,683.95	
City Bardonia	State NY	Zip Code 11714	Communication Date 10 / 22 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising Time [10/22 - 11/01] "Hug"			
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: All 50 Party: states	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate Sen. John Kerry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: All 50 Party: states	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought:	State:	Disbursement/Obligation For:
SUBTOTAL of Disbursements/Contributions This Page (include)		22,887.20	
TOTAL This Period (last page this line number only) (copy into) from last page to Line 10)			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee HALLMARK		Date of Disbursement or Obligation 10 / 28 / 2004	
Mailing Address of Payee 12700 Ventura Blvd.		Amount 26,715.50	
City Studio City	State CA	Zip Code 91604	Communication Date 10 / 22 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising Time [10/22 - 11/01] "Rug"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House State: All 50	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> President	House State: All 50	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"/> President	House 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 ARTS & ENTERTAINMENT		Date of Disbursement or Obligation 10 / 28 / 2004	
Mailing Address of Payee 250 Harbor Drive		Amount 5,704.95	
City Stamford	State CT	Zip Code 06904	Communication Date 10 / 22 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising Time [10/22 - 11/01] "Rug"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House State: All 50	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> President	House State: All 50	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"/> President	House State: _____	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Form (optional)		8,376.495	
TOTAL This Period (add page to the number only) (carry total from last page to Line 10)		_____	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE 6 OF 6

A. Full Name (Last, First, Middle Initial) of Payer FOX NEWS		Date of Disbursement or Obligation 10 / 20 / 2004	
Mailing Address of Payer 1211 Avenue of the Americas		Amount 1,017,954.5	
City New York	State NY	Zip Code 10036	Communication Date 10 / 22 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) TV Advertising Time [10/22 - 10/31] "Bus"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	State All 50 states
		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	State All 50 states
		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate N/A	Office Sought <input type="checkbox"/> President	House <input type="checkbox"/> Senate	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 Payer Mentzer Media Services, Inc.		Date of Disbursement or Obligation 10 / 20 / 2004	
Mailing Address of Payer 600 Fairmount Avenue, Suite 206		Amount 4,293,217	
City Towson	State MD	Zip Code 21286	Communication Date 10 / 22 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) Media Placement Fee - TV Ad - "Kug"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	State All 50 states
		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	State All 50 states
		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate N/A	Office Sought <input type="checkbox"/> President	House <input type="checkbox"/> Senate	State District
		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (options)		1,447,273.2	
TOTAL This Period (last page this line number only) (copy total from last page to line 10)		2,513,846.7	

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
 (5/2004)

N/A
 DATE PREPARED