Campaign Money Watch

a project of Public Campaign Action Fund

FAX

To whom it concerns -

The next four pages of this fax contain the filing for Campaign Money Watch FEC Committee # C30000160

1320 19th Street, NW, Suite M-1, Washington, DC 20036
96 Paul Gore Street, Boston, MA 02130
tel: (617) 524-2330 fax: (617) 524-2840
http://www.campaignmoney.org

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: Campaign Money Watch

(b) Address (number and street) ☐ check if different than previously reported: 1320 19th Street NW, Suite M-1

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

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number: C00000160

3. Is This Statement: X New or Amended

4. Covering Period: 10/04/2004 through 10/08/2004

5. (a) Date of Public Distribution(s): 10/07/2004 (b) Communication Title: "Money"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes X No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes X No

8. Custodian of Records

(a) Name: Gail Gomez c/o Public Campaign Action Fund

(b) Address (number and street): 1320 19th St. NW Ste M-1

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

(d) Name of Employer or Principal Place of Business: Self

(e) Occupation: office manager

9. Total Donations This Statement: 128,600.00

10. Total Disbursements/Obligations This Statement: 110,000.00

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: David Donnelly

SIGNATURE: [signature] DATE: 10/8/04

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

FEC FORM 9 (REV. 03/2003)

FE9AN03W.PDF

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: Lisa Alcott and Ronald Hershey	Mailing Address of Donor: 45 Rocky Brook Rd.	City: Cold Spring	State: NY	Zip: 10516
Date of Receipt: 10 04 2004	Amount: 200.00			
B. Full Name of Donor: Linda Pritzker	Mailing Address of Donor: 3555 Timmons Lane #800	City: Houston	State: TX	Zip: 77027
Date of Receipt: 10 06 2004	Amount: 125,000.00			
C. Full Name of Donor: Gail and Jonathan Schorsch	Mailing Address of Donor: 600 W. 246th St #1004	City: Bronx	State: NY	Zip: 10471
Date of Receipt: 10 06 2004	Amount: 1,000.00			
D. Full Name of Donor: R. Harlow	Mailing Address of Donor: 1717 Harbour Point Drive #437	City: Ft. Myers	State: FL	Zip: 33908
Date of Receipt: 10 07 2004	Amount: 200.00			
E. Full Name of Donor: J. P. Knull	Mailing Address of Donor: 225 Woodpecker Ridge Rd.	City: Tonka Bay	State: MN	Zip: 55331
Date of Receipt: 10 07 2004	Amount: 200.00			

SUBTOTAL of Donations This Page (optional) ▶ 126,600.00

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

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 5

A. Full Name of Donor: Trent Lange Mailing Address of Donor: 424 Kelton #510 City: Los Angeles State: CA Zip: 90024	Date of Receipt: 10 08 2004 Amount: 2000.00
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) ..... ▶ 2000.00

TOTAL This Period (last page this line number only) ..... ▶ 12860.00
(carry total from last page to Line 9)

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 4 OF 5

A. Full Name (Last, First, Middle Initial) of Payee: MacWilliams Robinson & Partners
Mailing Address of Payee: 1660 L Street NW
City: Washington State: DC Zip Code: 20036
Name of Employer: N/A Occupation: N/A
Date of Disbursement or Obligation: 10 06 2004
Amount: 110,000.00
Communication Date: 10 06 2004
Purpose of Disbursement (including title(s) of communication(s)): Broadcast Ads "Money"

Name of Federal Candidate: George W. Bush
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)

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
Mailing Address of Payee
City State Zip Code
Name of Employer Occupation
Date of Disbursement or Obligation
Amount
Communication Date
Purpose of Disbursement (including title(s) of communication(s))

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)

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) ▶
TOTAL This Period (last page this line number only) ▶ 110,000.00
(carry total from last page to Line 10)

FEC FORM 9 (REV. 02/2003)

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

11. Person(s) Sharing/Exercising Control

A. (a) Name
David Donnelly

(b) Address (number and street)
96 Paul Gore St.

(c) City, State and ZIP Code
Boston MA 02130

(d) Name of Employer or Principal Place of Business
Campaign Money Watch / Public Campaign Action Fund

(e) Occupation
Director

B. (a) Name
Nick Nyhart c/o Public Campaign Action Fund

(b) Address (number and street)
1320 19th St NW Suite M1

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

(d) Name of Employer or Principal Place of Business
Same

(e) Occupation
Exec. Director

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

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.

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☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
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N/A PREPARER	N/A DATE PREPARED

(5/2004)