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
885 16th Street NW

(c) City, State and ZIP Code
Washington, DC 20006

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

(e) Occupation
N/A

2. FEC Identification Number
☐ N/A

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 05 21 2004 through 08 03 2004

5. (a) Date of Public Distribution(s) 08 03 2004 (b) Communication Title alone; Roll & Chain; Surgery; Platter; Scary

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
Erik Smith

(b) Address (number and street)
885 16th Street NW

(c) City, State and ZIP Code
Washington, DC 20006

(d) Name of Employer or Principal Place of Business
The Media Fund

(e) Occupation
President

9. Total Donations This Statement 5865000 00

10. Total Disbursements/Obligations This Statement 2131555 59

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 Erik Smith

SIGNATURE [signature] DATE 8-04-04

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. 09/2003)

PSA/MCB/PDF