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 St NW, Suite M-1

(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: C90000160

3. Is This Statement: ☒ New or Amended

4. Covering Period: 10 09 2004 through 10 21 2004

5. (a) Date of Public Distribution(s): 10 22 2004 (b) Communication Title: Values

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: Gail Gomez c/o Public Campaign Action Fund

(b) Address (number and street): 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: Same

(e) Occupation: Office manager

9. Total Donations This Statement: 8,650.00

10. Total Disbursements/Obligations This Statement: 15,000.00

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: David Donnelly DATE: 10/23/04

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

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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
David Donnelly
(b) Address (number and street)
96 Pearl Grove St.
(c) City, State and ZIP Code
Boston MA 02130
(d) Name of Employer or Principal Place of Business (e) Occupation
Campaign Money Watch / Public Campaign Action Fund Director

B. (a) Name
Nick Nyhat Public Campaign Action Fund
(b) Address (number and street)
1320 19th St. NW, Suite M-1
(c) City, State and ZIP Code
Washington DC 20036
(d) Name of Employer or Principal Place of Business (e) Occupation
Public Campaign / Public Campaign Action Fund Executive 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

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor: Richard Magen				Date of Receipt: 10 09 2004
Mailing Address of Donor: 1015 Hot Springs				Amount: 1,000.00
City: Santa Barbara	State: CA	Zip: 93108		
B. Full Name of Donor: Jonathan Schorsch				Date of Receipt: 10 18 2004
Mailing Address of Donor: 600 W. 246th St.				Amount: 1,000.00
City: Bronx	State: NY	Zip: 10471		
C. Full Name of Donor: Bruce Mann				Date of Receipt: 10 11 2004
Mailing Address of Donor: 24 Linnean St.				Amount: 500.00
City: Cambridge	State: MA	Zip: 02138		
D. Full Name of Donor: David Rigsby				Date of Receipt: 10 12 2004
Mailing Address of Donor: Box 44				Amount: 1,000.00
City: Embudo	State: NM	Zip: 89531		
E. Full Name of Donor: Jonathan Schorsch				Date of Receipt: 10 18 2004
Mailing Address of Donor: 600 W. 246th St.				Amount: 150.00
City: Bronx	State: NY	Zip: 10471		

SUBTOTAL of Donations This Page (optional) ..... ▶ 3,650.00

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

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SCHEDULE 9-A
Donation(s) Received

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A. Full Name of Donor: Richard Mazzu Mailing Address of Donor: 1015 Hot Springs City: Santa Barbara State: CA Zip: 93105	Date of Receipt: 10 19 2004 Amount: 4,000.00	
B. Full Name of Donor: Steven Kersch Mailing Address of Donor: 1303 La Paloma Rd. City: Los Altos Hills State: CA Zip: 94022	Date of Receipt: 10 20 2004 Amount: 1,000.00	
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) ..... ▶ 5,000.00

TOTAL This Period (last page this line number only) ..... ▶ 8,650.00
(carry total from last page to Line 9)

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FEC FORM 3 (REV. 02/2003)

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

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A. Full Name (Last, First, Middle Initial) of Payee: MacWilliams Sullivan and 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 / 27 / 2004

Amount: 15,000.00

Communication Date: 10 / 28 / 2004

Purpose of Disbursement (including title(s) of communication(s)): Media: "Voter"

Name of Federal Candidate: Tom DeLay
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 22
Disbursement/Obligation For: [ ] Primary [X] 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) ▶ 15,000.00
(copy total from last page to Line 30)

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