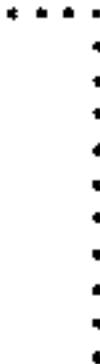


F A X



To: Federal Election Commission
Fax number: 202-219-0174

From: Windows 2000
Fax number:
Business phone:
Home phone:

Date & Time: 4/19/2004 10:13:29 PM
Pages: 19
Re: The Media Fund -- FEC Form 9

FEC FORM 9

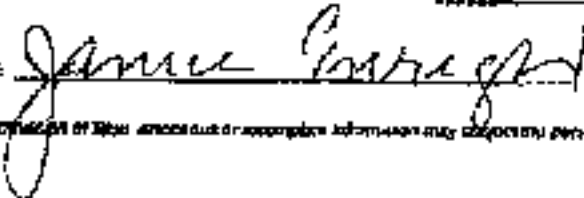
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations											
(a) Name The Media Fund											
(b) Address (number and street) <input type="checkbox"/> Correct a correction that previously reported 1120 Connecticut Avenue NW #114D		2. FEC Identification Number <input checked="" type="checkbox"/> N/A									
(c) City, State and ZIP Code Washington, DC 20008											
(d) Name of Employer or Principal Place of Business N/A		(e) Occupation N/A									
3. Is This Statement	<input checked="" type="checkbox"/> New	4. Covering Period									
	or <input type="checkbox"/> Amended			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">04</td> <td style="text-align: center;">15</td> <td style="text-align: center;">2004</td> </tr> <tr> <td colspan="3" style="text-align: center;">through</td> </tr> <tr> <td style="text-align: center;">04</td> <td style="text-align: center;">15</td> <td style="text-align: center;">2004</td> </tr> </table>		04	15	2004	through		
04	15	2004									
through											
04	15	2004									
5. (a) Date of Public Distribution(s) <input type="checkbox"/> 04 <input type="checkbox"/> 18 <input type="checkbox"/> 2004		(b) Communication Title <u>"Scary"</u>									
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
8. Custodian of Records											
(a) Name Janice Ann Enright											
(b) Address (number and street) 1120 Connecticut Avenue NW #114D											
(c) City, State and ZIP Code Washington, DC 20008											
(d) Name of Employer or Principal Place of Business The Inkes & Enright Group, Inc.		(e) Occupation Principal									
9. Total Donations This Statement		0.00									
10. Total Disbursements/Obligations This Statement		138,900.00									

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 Janice Ann Enright

SIGNATURE



DATE 04/19/2004

NOTE: Submission of this statement does not constitute an admission of any violation of the law. It is the responsibility of the filer to ensure that the information reported is true and correct.

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

11. Person(s) Sharing/Exercising Control

<p>A. (a) Name Erik Smith</p>	
<p>(b) Address (number and street) 888 16th Street NW 7th Fl.</p>	
<p>(c) City, State and ZIP Code Washington, DC 20006</p>	
<p>(d) Name of Employer or Principal Place of Business The Media Fund</p>	<p>(e) Occupation Executive Director</p>
<p>B. (a) Name Harold Ickes</p>	
<p>(b) Address (number and street) 1120 Connecticut Avenue NW #1140</p>	
<p>(c) City, State and ZIP Code Washington, DC 20036</p>	
<p>(d) Name of Employer or Principal Place of Business The Media Fund</p>	<p>(e) Occupation President</p>
<p>C. (a) Name</p>	
<p>(b) Address (number and street)</p>	
<p>(c) City, State and ZIP Code</p>	
<p>(d) Name of Employer or Principal Place of Business</p>	<p>(e) Occupation</p>
<p>D. (a) Name</p>	
<p>(b) Address (number and street)</p>	
<p>(c) City, State and ZIP Code</p>	
<p>(d) Name of Employer or Principal Place of Business</p>	<p>(e) Occupation</p>
<p>E. (a) Name</p>	
<p>(b) Address (number and street)</p>	
<p>(c) City, State and ZIP Code</p>	
<p>(d) Name of Employer or Principal Place of Business</p>	<p>(e) Occupation</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Stephen M. Silberstein</p> <p>Mailing Address of Donor 29 Eucalyptus Road</p> <p>City State Zip Belvedere, CA 94920</p>	<p>Date of Receipt 04 15 2004</p> <p>Amount 50,000.00</p> <p>(MEMO)</p>
<p>B. Full Name of Donor Lisa Perry</p> <p>Mailing Address of Donor One Sutton Place South</p> <p>City State Zip New York, NY 10022</p>	<p>Date of Receipt 04 15 2004</p> <p>Amount 50,000.00</p> <p>(MEMO)</p>
<p>C. Full Name of Donor Daniel Neidich</p> <p>Mailing Address of Donor 120 East End Avenue #7A</p> <p>City State Zip New York, NY 10028</p>	<p>Date of Receipt 04 15 2004</p> <p>Amount 50,000.00</p> <p>(MEMO)</p>
<p>D. Full Name of Donor Agnes Gund</p> <p>Mailing Address of Donor 763 Park Avenue #14B</p> <p>City State Zip New York, NY 10021</p>	<p>Date of Receipt 04 15 2004</p> <p>Amount 12,500.00</p> <p>(MEMO)</p>
<p>E. Full Name of Donor Heather Thunes</p> <p>Mailing Address of Donor 15260 Ventura Blvd., #1040</p> <p>City State Zip Sherman Oaks, CA 91403</p>	<p>Date of Receipt 04 15 2004</p> <p>Amount 7,500.00</p> <p>(MEMO)</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page 9's line number only)</p> <p>(carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor George Soros</p> <p>Mailing Address of Donor 858 7th Avenue, 33rd Floor</p> <p>City State Zip New York, NY 10106</p>	<p>Date of Receipt 04 15 2004</p> <p>Amount 4,554,000.00</p> <p>(MEMO)</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>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>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 (optional)</p> <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>0.00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KOLR-TV				Date of Disbursement or Obligation 04 18 2004	
Mailing Address of Payee 2650 E. DIVISION STREET				Amount 5,852.25	
City SPRINGFIELD, MO 65801	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: AR District:	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 Payee KSOP-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 1359 E. ST. LOUIS STREET				Amount 1,423.75	
City SPRINGFIELD, MO 65803	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: AR District:	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:	
SUBTOTAL of Disbursements/Obligations This Page (optional)				▶	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				▶	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KYTV-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 933 W. SUNSHINE STREET				Amount 3,390.50	
City SPRINGFIELD, MO 65807	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: AR	District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 Payee WABI-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 35 HILDRETH STREET				Amount 4,250.00	
City BANGOR, ME 04401	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: ME	District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (in thousands)				▶	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				▶	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WCSN-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 1 CONGRESS SQUARE				Amount 10,472.00	
City PORTLAND, ME 04101	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/12/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State ME	District	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State	District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 Payee WGME-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 1388 WASHINGTON AVENUE				Amount 6,183.75	
City PORTLAND, ME 04103	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/12/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State ME	District	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State	District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State	District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (optional)				▶	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				▶	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WMTW-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 39 DANVILLE CORNER ROAD				Amount 4,734.50	
City AUBURN, ME 04210	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State ME	District	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought	State	District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought	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 Payee WPXT-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 2320 CONGRESS STREET				Amount 487.50	
City PORTLAND, ME 04102	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State ME	District	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought	State	District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought	State	District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶					
TOTAL This Period (last page lists line number only) ▶ (carry total from last page to Line 10)					

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WNIU-TV			Date of Disbursement or Obligation 04 12 2004		
Mailing Address of Payee 100 S. COMMERCIAL STREET			Amount 22,871.25		
City MANCHESTER, NH 03101	State	Zip Code	Communication Date 04 18 2004		
Name of Employer N/A			Occupation N/A		
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/16/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: ME District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought:	State: District:	Disbursement/Obligation For:		
Name of Federal Candidate	Office Sought:	State: District:	Disbursement/Obligation For:		
B. Full Name (Last, First, Middle Initial) of Payee WNDS-TV			Date of Disbursement or Obligation 04 12 2004		
Mailing Address of Payee TV FIFTY PLACE			Amount 888.50		
City DERRY, NH 03038	State	Zip Code	Communication Date 04 18 2004		
Name of Employer N/A			Occupation N/A		
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/12/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: ME District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought:	State: District:	Disbursement/Obligation For:		
Name of Federal Candidate	Office Sought:	State: District:	Disbursement/Obligation For:		
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Form (last page fills see number only) (carry total from last page to Line 10)					

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KFXO-LP				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 63146 BRITTA STREET, #D101				Amount 297.50	
City BEND, OR 97701	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: OR	District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought:	State:	District:	Disbursement/Obligation For:	
Name of Federal Candidate	Office Sought:	State:	District:	Disbursement/Obligation For:	
B. Full Name (Last, First, Middle Initial) of Payee KTVZ-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 62990 O B RILEY ROAD				Amount 2,354.30	
City BEND, OR 97701	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: OR	District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought:	State:	District:	Disbursement/Obligation For:	
Name of Federal Candidate	Office Sought:	State:	District:	Disbursement/Obligation For:	
AGGREGATE of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry over from last page to line 10)					

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KEZI-TV		Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 2975 CHAD DRIVE		Amount 4,595.00	
City EUGENE, OR 97408	State OR	Zip Code 97408	Communication Date 04 18 2004
Name of Employer N/A	Occupation N/A		
Purpose of Disbursement (Including title(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"			
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: OR District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 Payee KLSR-TV		Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 2940 CHAD DRIVE		Amount 412.25	
City EUGENE, OR 97408	State OR	Zip Code 97408	Communication Date 04 18 2004
Name of Employer N/A	Occupation N/A		
Purpose of Disbursement (Including title(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"			
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: OR District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional)			
TOTAL This Period (last page this line number only) (carry over from last page to line 10)			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KMTR-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 1600 MOFFETT STREET				Amount 5,038.25	
City SALINAS, CA 93905	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including % of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District:	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 Payee KVAL-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 4575 BLANTON ROAD				Amount 4,845.00	
City EUGENE, OR 97405	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including % of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: OR District:	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:		
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KDRV-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 1000 KNUTSON AVENUE				Amount 5,661.00	
City MEDFORD, OR 97504		State OR		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including date(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
B. Full Name (Last, First, Middle Initial) of Payee KRVU-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 820 CRATER LAKE AVE #105				Amount 306.00	
City MEDFORD, OR 97504		State OR		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including date(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (add page two line number only) (carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KOBI-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 725 S FIR STREET				Amount 1,377.00	
City MEDFORD, OR 97501	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: OR District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 Payee KTVL-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 1440 ROSSANLEY DRIVE				Amount 2,997.00	
City MEDFORD, OR 97501	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: OR District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (see page this line number only) (carry total from last page to line 10)					

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KATU-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 2153 NE SANDY BLVD.				Amount 10,773.75	
City PORTLAND, OR	State OR	Zip Code 97232		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/18/04 - 04/28/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: OR District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 Payee KGW-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 1501 SW JEFFERSON STREET				Amount 18,294.50	
City PORTLAND, OR	State OR	Zip Code 97201		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: OR District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements/Obligations This Page (optional)				
TOTAL This Period (this page use only) (carry total from last page to line 10)				

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KOIN-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 222 SW COLUMBUS STREET				Amount 9,095.00	
City PORTLAND, OR 97201	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including use(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 Payee KPTV-TV				Date of Disbursement or Obligation 04 12 2004	
Mailing Address of Payee 211 SE CARLTHEUS STREET				Amount 5,227.50	
City PORTLAND, OR 97214	State	Zip Code		Communication Date 04 18 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including use(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"					
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OR District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee MEDIA STRATEGIES & RESEARCH		Date of Disbursement or Obligation 04 17 2004	
Mailing Address of Payee 1582 LINCOLN STREET #510		Amount 2,853.90	
City DENVER, CO	State CO	Zip Code 80203	Communication Date 04 18 2004
Name of Employer N/A	Occupation N/A		
Purpose of Disbursement (including 550(s) of communication(s)) TV Advertisement 04/18/04 - 04/20/04 "Scary"			
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AR OR R ME District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 Payee		Date of Disbursement or Obligation	
Mailing Address of Payee		Amount	
City	State	Zip Code	Communication Date
Name of Employer	Occupation		
Purpose of Disbursement (including 550(s) of communication(s))			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional)		138980.40	
TOTAL (This Period (last page this line number only) (carry total from last page to Line 10))			

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<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
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PREPARER	DATE PREPARED

(2/2004)