

FACSIMILE TRANSMITTAL SHEET

TO: **FEC**
COMPANY:

FROM: Lisa Seitz Grunwell

DATE:

FAX NUMBER: **202-219-0174**
PHONE NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

SENDER'S REFERENCE NUMBER:

RE: **Form 9 for Compare/Decide/Vote** YOUR REFERENCE NUMBER:

- URGENT
- FOR REVIEW
- PLEASE COMMENT
- PLEASE REPLY
- PLEASE RECYCLE

NOTES/COMMENTS:

(CLICK HERE AND TYPE RETURN ADDRESS)

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursements/Obligations

(a) Name: Compass / Guide / Voice

(b) Address (Number and street) check if different than previously reported: 2010 - Broadway, Suite 200

(c) City, State and ZIP Code: Redwood City CA 94063

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

(e) Occupation: _____

2. FEC Identification Number: C

3. Is This Statement New or Amended

4. Covering Period: 10/15/04 through 10/26/04

5. (a) Date of Public Distribution: 10/26/04 (b) Communication Title: Account Balance

Yes No

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: LISA Seitz

(b) Address (Number and street): 130 - Masonic #2

(c) City, State and ZIP Code: San Francisco, CA 94117

(d) Name of Employer or Principal Place of Business: Skyline Public Works

(e) Occupation: Political Director

9. Total Donations This Statement

00000000

10. Total Disbursements/Obligations This Statement

5128656

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

Lisa Seitz

SIGNATURE

DATE

10/26/2004

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 3487g.

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount <input type="text" value="000.00"/></p>
<p>B. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount <input type="text"/></p>
<p>C. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount <input type="text"/></p>
<p>D. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount <input type="text"/></p>
<p>E. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount <input type="text"/></p>
<p>SUBTOTAL of Donations This Page (colomb) <input type="text" value="000.00"/></p> <p>TOTAL This Period (last page this line number only) <input type="text" value="000.00"/> <small>(carry total from last page to Line 8)</small></p>	

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

PAGE 3 OF 4

11. Person(s) Sharing/Exercising Control

A.	
(a) Name	Deborah Rappaport
(b) Address (number and street)	16379 Skyline Blvd.
(c) City, State and ZIP Code	Woodside, CA 94062
(d) Name of Employer or Principal Place of Business	Rappaport Family Foundation
(e) Occupation	Executive Director
B.	
(a) Name	Andrew Rappaport
(b) Address (number and street)	16379 - Skyline Blvd.
(c) City, State and ZIP Code	Woodside, CA 94062
(d) Name of Employer or Principal Place of Business	August Capital
(e) Occupation	Venture Capitalist
C.	
(a) Name	Lisa Seitz
(b) Address (number and street)	1382 - Masonic #2
(c) City, State and ZIP Code	San Francisco, CA 94117
(d) Name of Employer or Principal Place of Business	Skyline Public Works
(e) Occupation	Political Director
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-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee <u>McWilliams Robinson</u></p>		<p>Date of Disbursement or Obligation <u>10/25/2004</u></p>	
<p>Mailing Address of Payee <u>1660 L Street, NW Suite 301</u></p>		<p>Amount <u>46,186.56</u></p>	
<p>City <u>Washington</u></p>	<p>State <u>D.C.</u></p>	<p>Zip Code <u>20036</u></p>	<p>Communication Date <u>10/26/2004</u></p>
<p>Purpose of Disbursement (including title(s) of communication(s)) <u>Television air time for "Account Balance"</u></p>			
<p>Name of Federal Candidate <u>George Bush and John Kerry</u></p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p>	<p>State: <u>Nevada</u></p>
		<p>District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>
<p>Name of Federal Candidate</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: _____</p>
		<p>District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>
<p>Name of Federal Candidate</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: _____</p>
		<p>District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>
<p>B. Full Name (Last, First, Middle Initial) of Payee <u>McWilliams Robinson</u></p>		<p>Date of Disbursement or Obligation <u>10/25/2004</u></p>	
<p>Mailing Address of Payee <u>1660 L Street, NW Suite 301</u></p>		<p>Amount <u>5,100.00</u></p>	
<p>City <u>Washington</u></p>	<p>State <u>D.C.</u></p>	<p>Zip Code <u>20036</u></p>	<p>Communication Date <u>10/26/2004</u></p>
<p>Purpose of Disbursement (including title(s) of communication(s)) <u>Production of "Account Balance"</u></p>			
<p>Name of Federal Candidate <u>George Bush and John Kerry</u></p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p>	<p>State: <u>Nevada</u></p>
		<p>District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>
<p>Name of Federal Candidate</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: _____</p>
		<p>District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>
<p>Name of Federal Candidate</p>		<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: _____</p>
		<p>District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>
<p>SUBTOTAL of Disbursements/Obligations This Page (optional)</p>		<p><u>51,286.56</u></p>	
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 10)</p>		<p><u>51,286.56</u></p>	

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

N/A
 DATE PREPARED

(5/2004)