

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 | | E. FEC Identification Number C N/A |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 898 16th Street NW | (c) City, State and ZIP Code Washington, DC 20006 | |
| (f) Name of Employer or Principal Place of Business N/A | (g) Occupation N/A | |

3. Is This Statement New or Amended

4. Covering Period from 09/21/2004 through 09/30/2004

5. (a) Date of Public Distribution(s) 09/23/2004 (b) Communication Title All in the Family

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

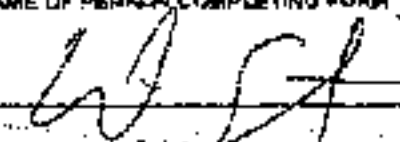
| | |
|---|-----------------------------|
| (a) Name Erik Smith | |
| (b) Address (number and street) 898 16th Street NW | |
| (c) City, State and ZIP Code Washington, DC 20006 | |
| (d) Name of Employer or Principal Place of Business The Media Fund | (e) Occupation President |

9. Total Donations This Statement 2525000.00

10. Total Disbursements/Obligations This Statement 356031.80

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 this corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Erik Smith

SIGNATURE  DATE 9/24/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5457g.

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

| | |
|---|----------------|
| A. (a) Name | |
| Erik Smith | |
| (b) Address (number and street) | |
| 880 15th Street NW | |
| (c) City, State and ZIP Code | |
| Washington, DC 20006 | |
| (d) Name of Employer or Principal Place of Business | (e) Occupation |
| The Media Fund | President |
| B. (a) Name | |
| (b) Address (number and street) | |
| (c) City, State and ZIP Code | |
| (d) Name of Employer or Principal Place of Business | (e) Occupation |
| 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

| | |
|--|--|
| <p>A. Full Name of Donor Anthony Dean</p> <p>Mailing Address of Donor 3204 RFD</p> <p>City State Zip Long Grove IL 60047</p> | <p>Date of Receipt 09 22 2004</p> <p>Amount 25000 00</p> |
| <p>B. Full Name of Donor Jonathan McHale</p> <p>Mailing Address of Donor 5301 Mary Anna Dr</p> <p>City State Zip Austin TX 78706</p> | <p>Date of Receipt 09 22 2004</p> <p>Amount 1300000 00</p> |
| <p>C. Full Name of Donor Christine L. Macbso</p> <p>Mailing Address of Donor 5301 Mary Anna Dr</p> <p>City State Zip Austin TX 78706</p> | <p>Date of Receipt 09 22 2004</p> <p>Amount 1200000 00</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) ▶ 2525000 00 (carry total from last page to Line 9)</p> | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|---|---|---|---|--|
| A. Full Name (Last, First, Middle Initial) of Payee NDNZ-TV | | | | Date of Disbursement or Obligation 09 23 2004 | |
| Mailing Address of Payee 1215 Cole Street | | | | Amount 5355.00 | |
| City St. Louis | State MO | Zip Code 63106 | | | |
| Name of Employer N/A | | Occupation N/A | | Communication Date 09 23 2004 | |
| Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement "All in the Family" 09/23/2004-09/29/2004 | | | | | |
| Name of Federal Candidate George W. Bush | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: MO District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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 XN4P-TV | | | | Date of Disbursement or Obligation 09 23 2004 | |
| Mailing Address of Payee 1 Memorial Dr | | | | Amount 57545.00 | |
| City St. Louis | State MO | Zip Code 63102 | | | |
| Name of Employer N/A | | Occupation N/A | | Communication Date 09 23 2004 | |
| Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement "All in the Family" 09/23/2004-09/29/2004 | | | | | |
| Name of Federal Candidate George W. Bush | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: MO District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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 KPLR-TV | | | Date of Disbursement or Obligation 09 23 2004 | |
| Mailing Address of Payee 2250 Ball Drive | | | Amount 4675.00 | |
| City St. Louis | State MO | Zip Code 63146 | Communication Date 09 23 2004 | |
| Name of Employer N/A | | | Occupation N/A | |
| Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement "All in the Family" 09/23/2004-09/29/2004 | | | | |
| Name of Federal Candidate George W. Bush | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: MO District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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 KSDK-TV | | | Date of Disbursement or Obligation 09 23 2004 | |
| Mailing Address of Payee 1000 Market Street | | | Amount 93597.50 | |
| City St. Louis | State MO | Zip Code 63101 | Communication Date 09 23 2004 | |
| Name of Employer N/A | | | Occupation N/A | |
| Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement "All in the Family" 09/23/2004-09/29/2004 | | | | |
| Name of Federal Candidate George W. Bush | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: MO District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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 line number only) (carry total from last page to line 1c) | | | | |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|--|---|---|---|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee KIVI-TV | | | Date of Disbursement or Obligation 09 21 2004 | | |
| Mailing Address of Payee 5915 Berthold Ave | | | Amount 28622.50 | | |
| City St. Louis | State MO | Zip Code 63110 | Communication Date 09 23 2004 | | |
| Name of Employer N/A | | | Occupation N/A | | |
| Purpose of Disbursement (including type(s) of communication(s)) Television Advertisement "All in the Family" 09/23/2004-09/29/2004 | | | | | |
| Name of Federal Candidate George W. Bush | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: MO District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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 Charter Media-St. Louis | | | Date of Disbursement or Obligation 09 21 2004 | | |
| Mailing Address of Payee 3660 S Geyer Rd #230 | | | Amount 6675.00 | | |
| City St. Louis | State MO | Zip Code 63127 | Communication Date 09 23 2004 | | |
| Name of Employer N/A | | | Occupation N/A | | |
| Purpose of Disbursement (including type(s) of communication(s)) Television Advertisement "All in the Family" 09/23/2004-09/29/2004 | | | | | |
| Name of Federal Candidate George W. Bush | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: MO District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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 3-B

Disbursement(s) Made or Obligation(s)

| | | | | | |
|--|---|---|---|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee Comcast-Marketlink/Washington Int- | | | Date of Disbursement or Obligation 09 21 2004 | | |
| Mailing Address of Payee 10546 Golden West Drive #190A | | | Amount 9129.50 | | |
| City Hunt Valley | State MD | Zip Code 21031 | Communication Date 09 23 2004 | | |
| Name of Employer N/A | | | Occupation N/A | | |
| Purpose of Disbursement (including title) of communication(s) Television Advertisement "All in the Family" 09/23/2004-09/29/2004 | | | | | |
| Name of Federal Candidate George W. Bush | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: DC District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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 CNN Network | | | Date of Disbursement or Obligation 09 21 2004 | | |
| Mailing Address of Payee One CNN Center 2nd Floor #22A | | | Amount 6346.25 | | |
| City Atlanta | State GA | Zip Code 30303 | Communication Date 09 23 2004 | | |
| Name of Employer N/A | | | Occupation N/A | | |
| Purpose of Disbursement (including title) of communication(s) Television Advertisement "All in the Family" 09/23/2004-09/23/2004 | | | | | |
| Name of Federal Candidate George W. Bush | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: Nat'l District: | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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 has the 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 FOX NEWS Channel | | | | Date of Disbursement or Obligation 09 23 2004 | |
| Mailing Address of Payee 1211 Avenue of the Americas 17th Floor | | | | Amount 48580.50 | |
| City New York | State NY | Zip Code 10035 | Communication Date 09 23 2004 | | |
| Name of Employer N/A | | | | Occupation N/A | |
| Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement "All in the Family" 09/23/2004-09/29/2004 | | | | | |
| Name of Federal Candidate George W. Bush | Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State N.C. 11 | Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" 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 Media Strategies & Research | | | | Date of Disbursement or Obligation 09 23 2004 | |
| Mailing Address of Payee 1580 Lincoln Street #510 | | | | Amount 6514.15 | |
| City Denver | State CO | Zip Code 80203 | Communication Date 09 23 2004 | | |
| Name of Employer N/A | | | | Occupation N/A | |
| Purpose of Disbursement (including title(s) of communication(s)) Commission on Television Advertisement "All in the Family" | | | | | |
| Name of Federal Candidate George W. Bush | Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State | Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" 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 Tax Period (last page this form 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 McMahon, Squier & Associates, Inc. | | | | Date of Disbursement or Obligation 09 21 2009 | |
| Mailing Address of Payee 1026 N Royal Street #950 | | | | Amount 6000.00 | |
| City Alexandria | | State VA | Zip Code 22314 | Contribution Date 09 21 2009 | |
| Name of Employer N/A | | Occupation N/A | | _____ | |
| Purpose of Disbursement (including title(s) of communication(s)) Production of Television Advertisement "All in the Family" | | | | | |
| Name of Federal Candidate George W. Bush | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: Nat'l District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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 _____ | Contribution Date _____ | |
| Name of Employer _____ | | Occupation _____ | | _____ | |
| Purpose of Disbursement (including title(s) of communication(s)) _____ | | | | | |
| Name of Federal Candidate _____ | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: _____ District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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) | | | | 356031.80 | |

[Main Menu](#) > [Transfers and Payments](#) >[Help](#)**DOMESTIC WIRE USING MODEL**

WIRE: From Account: 15212564 Currency: US Dollars

Status: Processed - Confirmation Number is 042672670000472.
Wire Fee: \$12.50

| Beneficiary | Bank |
|---|--|
| MCMANON, SQUIER & ASSOCIATES | Name: SUN TRUST BANK ABA: 081000104 Address: |
| Beneficiary's Account number: 202218791 | |
| Amount: \$80,000.00 | |
| Date of transfer(s): September 23, 2006 | |

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 |

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.

N/A
 PREPARER

N/A
 DATE PREPARED