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
888 16th Street NW

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

2. FEC Identification Number
C N/A

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

(e) Occupation
N/A

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 09 21 2004 through 09 23 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)
888 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 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 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. §437g.

FE8AN038.PDF FEC FORM 9 (REV. 09/2003)