

FACSIMILE TRANSMITTAL SHEET

TO: *FEC*

FROM: *Lisa Seitz Gruvell*

COMPANY:

DATE:

FAC NUMBER: *202-219-0174*

TOTAL NO OF PAGES INCLUDING COVER:

PHONE NUMBER:

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 Disbursement/Obligations

(a) Name

Compare / Decide / Vote

(c) Address (number and street) check if different than previously reported

2010 - Broadway, Suite 200

(e) City, State and ZIP Code

Redwood City, CA 94063

(d) Name of Employer or Principal Place of Business

(f) Occupation

2. FEC Identification Number

C

3. Is This Statement

New

or

Amended

4. Covering Period

05 10 2004

through

10 15 2004

5. (a) Date of Public Distribution(s)

11 13 2004

(b) Communication Title

Play the Game

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)

1382 - Masonic #2

(c) City, State and ZIP Code

San Francisco, CA 94117

(d) Name of Employer or Principal Place of Business

Skylone Public Works

(e) Occupation

Political Director

9. Total Donations This Statement

160,000.00

10. Total Disbursements/Obligations This Statement

116,560.00

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

LISA SEITZ

SIGNATURE

DATE

October 11, 2004

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

SCHEDULE 9-A

Donation(s) Received

PAGE 2 OF 4

A. Full Name of Donor

Deborah Rappaport

Mailing Address of Donor

16379 Skyline Blvd

City

State

Zip

Woodside

CA

94062

Date of Receipt

Month, Day, Year boxes

Amount

Amount field: 10,000.00

B. Full Name of Donor

Andrew Rappaport

Mailing Address of Donor

16379 Skyline Blvd

City

State

Zip

Woodside

CA

94062

Date of Receipt

Month, Day, Year boxes

Amount

Amount field: 5,000.00

C. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Month, Day, Year boxes

Amount

Amount field

D. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Month, Day, Year boxes

Amount

Amount field

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Month, Day, Year boxes

Amount

Amount field

SUBTOTAL of Donations This Page (optional)

Amount field: 15,000.00

TOTAL This Period (see page this line number only) (carry total from last page to Line 1)

Amount field: 15,000.00

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 <u>Deborah Rappaport</u>	
(b) Address (number and street) <u>16379 Skyline Blvd.</u>	
(c) City, State and ZIP Code <u>Woodside, CA 94062</u>	
(d) Name of Employer or Principal Place of Business <u>Rappaport Family Foundation</u>	(e) Occupation <u>Executive Director</u>
B. (a) Name <u>Andrew Rappaport</u>	
(b) Address (number and street) <u>16379 - Skyline Blvd.</u>	
(c) City, State and ZIP Code <u>Woodside, CA 94062</u>	
(d) Name of Employer or Principal Place of Business <u>August Capital</u>	(e) Occupation <u>Venture Capitalist</u>
C. (a) Name <u>Lisa Seitz</u>	
(b) Address (number and street) <u>1382 - Masonic #2</u>	
(c) City, State and ZIP Code <u>San Francisco, CA 94117</u>	
(d) Name of Employer or Principal Place of Business <u>Skyline Public Works</u>	(e) Occupation <u>Political Director</u>
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 Mac Williams, Robinson & Partners</p>		<p>Date of Disbursement or Obligation 09/23/2004</p>	
<p>Mailing Address of Payee 1600 - L Street NW, Suite 301</p>		<p>Amount 10,000.00</p>	
<p>City Washington</p>	<p>State D.C.</p>	<p>Zip Code 20036</p>	<p>Communication Date 10/13/2004</p>
<p>Name of Employer Mac Williams, Robinson & Partners</p>		<p>Occupation </p>	
<p>Purpose of Disbursement (including title(s) of communication(s)) Ad Production for "Play the Game"</p>			
<p>Name of Federal Candidate George Bush / John Kerry</p>	<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: _____ 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 George Bush / John Kerry</p>			
<p>Name of Federal Candidate George Bush / John Kerry</p>			
<p>Name of Federal Candidate George Bush / John Kerry</p>			
<p>B. Full Name (Last, First, Middle Initial) of Payee Mac Williams, Robinson & Partners</p>		<p>Date of Disbursement or Obligation 10/07/2004</p>	
<p>Mailing Address of Payee 1600 - L Street NW, Suite 300</p>		<p>Amount 10,656.00</p>	
<p>City Washington</p>	<p>State D.C.</p>	<p>Zip Code 20036</p>	<p>Communication Date 10/13/2004</p>
<p>Name of Employer Mac Williams, Robinson & Partners</p>		<p>Occupation </p>	
<p>Purpose of Disbursement (including title(s) of communication(s)) Television Air Time for "Play the Game"</p>			
<p>Name of Federal Candidate George Bush / John Kerry</p>	<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: _____ 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 George Bush / John Kerry</p>			
<p>Name of Federal Candidate George Bush / John Kerry</p>			
<p>Name of Federal Candidate George Bush / John Kerry</p>			
<p>SUBTOTAL of Disbursement/Obligations This Page (optional) _____</p>		<p>10,656.00</p>	
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 10)</p>		<p>10,656.00</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
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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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

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

(e) Occupation
N/A

2. FEC Identification Number
C/N/A

3. Is This Statement New or Amended

4. Covering Period
 From 10/05/2004 through 11/11/2004

5. (a) Date of Public Distribution(s) 10/11/2004 (b) Communication Title

Many Teleads, Radio Spots, etc. for McCain, Romney, Obama, Clinton, etc. for McCain, Obama, Clinton, etc.

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 \$105,000.00

10. Total Disbursements/Obligations This Statement \$177,240.03

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 9/12/04

NOTE: Submission of false, inaccurate or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §197a.