

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

(b) Address (number and street) check if different from previously reported

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

Comcare / Deide / Voce

2010 - Broadway, Suite 200

Rollwood City CA 94063

3. Is this Statement New or Amended

4. Covering Period

10/28/2004 through 10/28/2004

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

10/28/2004

(b) Communication Title: Job Choice

Yes No

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?

8. Custodian of Records

(a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

LISA SEITZ

1382 - MASONIC #2

San Francisco, CA 94117

Skyline Public Works

Political Director

9. Total Donations This Statement

0.000000

10. Total Disbursements/Obligations This Statement

30,058.56

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

10/28/2004

NOTE: Submission of false, inaccurate or misleading information may subject the person signing this statement to the penalties of 18 U.S.C. 1017a.

FEC FORM 9 (REV. 11/2003)

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

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-A
Donation(s) Received

A. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

000.00

B. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

C. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

D. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

GRAND TOTAL of Donations This Page (optional)

000.00

TOTAL This Period (not page this form number only)
(carry total from last page to Line 9)

000.00

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
McWilliams Robinson

Mailing Address of Payee
1660 L Street, NW Suite 301

City
Washington

State
D.C.

Zip Code
20036

Name of Employer

Date of Disbursement or Obligation

10/28/2004

Amount

46186.56

Communication Date

10/28/2004

Purpose of Disbursement (including titles) of communication(s)
Television air time for "Job Choices"

Name of Federal Candidate

Office Sought

House State: Nevada

Senate District: _____

President

Disbursement/Obligation For:
 Primary General

Other (specify) _____

Name of Federal Candidate

Office Sought

House State: _____

Senate District: _____

President

Disbursement/Obligation For:
 Primary General

Other (specify) _____

Name of Federal Candidate

Office Sought

House State: _____

Senate District: _____

President

Disbursement/Obligation For:
 Primary General

Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee
McWilliams Robinson

Mailing Address of Payee
1660 L Street, NW Suite 301

City
Washington

State
D.C.

Zip Code
20036

Name of Employer

Date of Disbursement or Obligation

10/28/2004

Amount

3872.00

Communication Date

10/28/2004

Purpose of Disbursement (including titles) of communication(s)
Television Productions for "Job Choices"

Name of Federal Candidate

Office Sought

House State: Nevada

Senate District: _____

President

Disbursement/Obligation For:
 Primary General

Other (specify) _____

Name of Federal Candidate

Office Sought

House State: _____

Senate District: _____

President

Disbursement/Obligation For:
 Primary General

Other (specify) _____

Name of Federal Candidate

Office Sought

House State: _____

Senate District: _____

President

Disbursement/Obligation For:
 Primary General

Other (specify) _____

SUBTOTAL of Disbursements/Obligations This Page (optional)

50058.56

TOTAL This Period (last page this line number only)
(carry total from last page to Line 10)

50058.56

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.

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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
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A
 PREPARED
 (5/2004)

N/A
 DATE PREPARED