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 / Daide / Voce

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

(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 22 2004 through 10 28 2004

5. (a) Date of Public Distribution(s): 10 28 2004 (c) Communication Title: Job Choice

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: 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

9. Total Donations This Statement: 000,00,000

10. Total Disbursements/Obligations This Statement: 50,058.56

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: [signature] DATE: 10/28/2004

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

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