44 ½ w. Downer
Aurora, IL 60506

www.empowerillinoismediafund.org

Empower Illinois Media Fund

Fax

To: FEC
From: JEFF DAVIS
Fax: 202-219-0174
Pages: 7
Phone: 312.446.8310
Date: 10/13/04
Re: Form 9
cc:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

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 EMPOWER ILLINOIS MEDIA FUND

(b) Address (number and street) ☐ check if different than previously reported
44 ½ W. Downer

(c) City, State and ZIP Code
Aurora, IL 60506

(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 08 20 2004 through 10 12 2004

5. (a) Date of Public Distribution(s) 10 12 2004 (b) Communication Title The O'Truth

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 JEFF DAVIS

(b) Address (number and street) 1816 Garfield Ave.

(c) City, State and ZIP Code Aurora, IL 60506

(d) Name of Employer or Principal Place of Business (e) Occupation
Self Employed

9. Total Donations This Statement $ 91,000.00

10. Total Disbursements/Obligations This Statement 32,226.00

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 JEFFREY D. DAVIS

SIGNATURE [signature] DATE 10-13-04

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

FEC FORM 9 (REV. 03/03)

FEMW03.PC4

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

11. Person(s) Sharing/Exercising Control

A. (a) Name JEFF DAVIS

(b) Address (number and street) 1816 Garfield Ave

(c) City, State and ZIP Code Aurora, IL 60506

(d) Name of Employer or Principal Place of Business Self Employed. (e) Occupation

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

A.	Full Name of Donor: John O. Roeser Mailing Address of Donor: 2 Main Street City: Carpentersville State: IL Zip: 60110	Date of Receipt: 8/23/04 Amount: $ 30,000.00
B.	Full Name of Donor: Richard Hawks Mailing Address of Donor: 930 Garfield Ave City: Aurora State: IL Zip: 60506	Date of Receipt: 8/23/04 Amount: $ 500.00
C.	Full Name of Donor: Richard Hawks Mailing Address of Donor: 930 Garfield Ave City: Aurora State: IL Zip: 60506	Date of Receipt: 10/11/04 Amount: $500.00
D.	Full Name of Donor: Larry O'Neill Mailing Address of Donor: 824 N. Clark Dr. City: Palatine State: IL Zip: 60074	Date of Receipt: 10/12/04 Amount: $ 25,000.00
E.	Full Name of Donor: Judy Carter Mailing Address of Donor: 21 Park Lane City: Park Ridge State: IL Zip: 60068	Date of Receipt: 10/7/04 Amount: 30,000.00

SUBTOTAL of Donations This Page (optional) ..... ► 86,000.00

TOTAL This Period (last page this line number only) ..... ►
(carry total from last page to Line 9)

FE9AN058.PDF

FEC FORM 8 (REV. 02/2003)

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor: Mike Winn Mailing Address of Donor: 165 Norwich Ct. City: Lake Bluff, State: IL, Zip: 60044	Date of Receipt: 10/8/04 Amount: $5,000.00
B. Full Name of Donor: N/A Mailing Address of Donor: City, State, Zip:	Date of Receipt: Amount:
C. Full Name of Donor: N/A Mailing Address of Donor: City, State, Zip:	Date of Receipt: Amount:
D. Full name of Donor: N/A Mailing Address of Donor: City, State, Zip:	Date of Receipt: Amount:
E. Full Name of Donor: N/A Mailing Address of Donor: City, State, Zip:	Date of Receipt: Amount:

SUBTOTAL of Donations This Page (continued) ..... ▸ $5,000.00

TOTAL This Period (last page this line number only) ..... ▸ $91,000.00
(carry total from first page to Line 9)

FE3AN030.PDF

FEC FORM 3 (REV 03/2003)

SCHEDULE 3-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: The Stone Road Productions

Mailing Address of Payee: 906 University Place

City: Evanston State: IL Zip Code: 60201

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 11 2004

Amount: 5,000 00

Communication Date: 10 12 2004

Purpose of Disbursement (including title(s) of communication(s)): Production

Name of Federal Candidate: Barack Obama — Office Sought: House / Senate / President — State: IL — District: ____ — Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate: — Office Sought: House / Senate / President — State: ____ — District: ____ — Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate: — Office Sought: House / Senate / President — State: ____ — District: ____ — Disbursement/Obligation For: Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee: Gallagher Media, Inc

Mailing Address of Payee: 627 Snelling Ave South, Ste 210

City: St. Paul State: MN Zip Code: 55116

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 12 2004

Amount: 24,780 00

Communication Date: 10 12 2004

Purpose of Disbursement (including title(s) of communication(s)):

Name of Federal Candidate: Barack Obama — Office Sought: House / Senate / President — State: IL — District: ____ — Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate: — Office Sought: House / Senate / President — State: ____ — District: ____ — Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate: — Office Sought: House / Senate / President — State: ____ — District: ____ — Disbursement/Obligation For: Primary / General / Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 29 780 00

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

FEC FORM 3 (REV. 10/2003)

FC3AN036.PDF

SCHEDULE 9-B

PAGE 6 OF 6

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: WZFS-WYLL

Mailing Address of Payee: 25 Northwest Point, Ste 400

City: Elk Grove Village State: IL Zip Code: 60007

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 11 2004

Amount: 244600

Communication Date: 10 12 2004

Purpose of Disbursement (including title(s) of communication(s)):

Name of Federal Candidate	Office Sought			Disbursement/Obligation For
Barack Obama	X House / Senate / President	State: IL / District:		Primary / X General / Other (specify)
	House / Senate / President	State: / District:		Primary / General / Other (specify)
	House / Senate / President	State: / District:		Primary / General / Other (specify)

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

Mailing Address of Payee:

City: State: Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation:

Amount:

Communication Date:

Purpose of Disbursement (including title(s) of communication(s)):

Name of Federal Candidate	Office Sought			Disbursement/Obligation For
	House / Senate / President	State: / District:		Primary / General / Other (specify)
	House / Senate / President	State: / District:		Primary / General / Other (specify)
	House / Senate / President	State: / District:		Primary / General / Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) 244600

TOTAL This Period (last page this line number only) 32,226.00
(carry total from last page to Line 10)

FEC FORM 5 (REV. 02/2003)

FE5AN006.PDF

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.

☐ Hand Delivered	Date of Receipt
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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
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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

(5/2004)