

FACSIMILE TRANSMITTAL SHEET

TO: *FEC*

FROM: Lisa Seitz Graue

COMPANY:

DATE:

FAX 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

(b) Address (number and street)

2011 - Broadway Suite 200

(c) City, State and ZIP Code

Rosewood 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 / 12 / 2004

through

10 / 18 / 2004

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

10 / 18 / 2004

(b) Communication Title

Clear Choice

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

Skyline Public Works

(e) Occupation

Political Director

9. Total Donations This Statement

0.00.00.00

10. Total Disbursements/Obligations This Statement

324.85.17

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

10/17/04

NOTE: Submission of false, erroneous or incomplete information may subject the person filing this statement to the penalty of 2 U.S.C. 5482c.

SCHEDULE 2-A
Donation(s) Received

PAGE 2 OF 4

<p>A. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt [] / [] / []</p> <p>Amount <u>000.00</u></p>	
<p>B. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt [] / [] / []</p> <p>Amount []</p>	
<p>C. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt [] / [] / []</p> <p>Amount []</p>	
<p>D. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt [] / [] / []</p> <p>Amount []</p>	
<p>E. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt [] / [] / []</p> <p>Amount []</p>	
<p>SUBTOTAL of Donations This Page (all items) ▶</p>		<p><u>000.00</u></p>
<p>TOTAL This Period (last page use this number only) ▶ (carry total from last page to Line 2)</p>		<p><u>000.00</u></p>

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

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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 B-B

Disbursement(s) Made or Obligation(s)

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

Date of Disbursement or Obligation
 09/24/2004

Address of Payee
 1660 L Street, NW Suite 301

Amount
 93,895.31

City Washington **State** D.C. **Zip Code** 20036

Name of Employer **Occupation**

Communication Date
 10/08/2004

Purpose of Disbursement (including title) of communication(s)
 Television ad production for "Clear Choice"

Name of Federal Candidate John Kerry and George Bush **Office Sought:** House Senate President

State: **District:**

Disbursement/Obligation For: Primary General Other (specify) _____

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

Date of Disbursement or Obligation
 10/08/2004

Address of Payee
 1660 L Street, NW Suite 301

Amount
 315,464.64

City Washington **State** D.C. **Zip Code** 20036

Name of Employer **Occupation**

Communication Date
 10/08/2004

Purpose of Disbursement (including title) of communication(s)
 Television Air Time for "Clear Choice"

Name of Federal Candidate John Kerry and George Bush **Office Sought:** House Senate President

State: NH, ME, NJ, WI **District:**

Disbursement/Obligation For: Primary General Other (specify) _____

SUBTOTAL of Disbursements/Obligations This Page (optional) 324,854.17

TOTAL This Period (last page use the number only) 324,854.17
 (carry total from last page to Line 10)

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
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