CITIZENS FOR A STRONG SENATE
P.O. BOX 4004
WASHINGTON, DC 20044

FACSIMILE TRANSMITTAL SHEET

TO: Form 9 Reporting Dept.	FROM: Lora Haggard
COMPANY: FEC	DATE: 11/1/2004
FAX NUMBER: 202-219-0174	TOTAL NO. OF PAGES (INCLUDING COVER): 5
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: 216-374-8495
RE: Form 9 Report	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/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
Citizens For A Strong Senate

(b) Address (number and street) [ ] check if different than previously reported
P.O. Box 4008

(c) City, State and ZIP Code
Washington, DC 20044

2. FEC Identification Number
C N/A

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

(e) Occupation
N/A

3. Is This Statement [x] New or [ ] Amended

4. Covering Period 10 29 2004 through 10 29 2004

5. (a) Date of Public Distribution(s) 10 29 2004 (b) Communication Title Greenball

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes [ ] No [x]

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes [x] No [ ]

8. Custodian of Records

(a) Name
Lora Haggard

(b) Address (number and street)
P.O. Box 4008

(c) City, State and ZIP Code
Washington, DC 20044

(d) Name of Employer or Principal Place of Business
Citizens For A Strong Senate

(e) Occupation
Treasurer

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 375700.00

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 Lora Haggard

SIGNATURE [signature] DATE 11/1/04

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

FEC FORM 9 (REV. 02/2003)

FEXA0199.PDF

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

11. Person(s) Sharing/Exercising Control

A. (a) Name
Jonathan Prince
(b) Address (number and street)
P.O. Box 4008
(c) City, State and ZIP Code
Washington, DC 20044
(d) Name of Employer or Principal Place of Business
Citizens For A Strong Senate
(e) Occupation
Chairman/Executive Director

B. (a) Name
Lora Haggard
(b) Address (number and street)
P.O. Box 4008
(c) City, State and ZIP Code
Washington, DC 20044
(d) Name of Employer or Principal Place of Business
Citizens For A Strong Senate
(e) Occupation
Treasurer

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
No Contributions This Period
Mailing Address of Donor
City State Zip
Date of Receipt
Amount

B. Full Name of Donor
Mailing Address of Donor
City State Zip
Date of Receipt
Amount

C. Full Name of Donor
Mailing Address of Donor
City State Zip
Date of Receipt
Amount

D. Full Name of Donor
Mailing Address of Donor
City State Zip
Date of Receipt
Amount

E. Full Name of Donor
Mailing Address of Donor
City State Zip
Date of Receipt
Amount

SUBTOTAL of Donations This Page (optional) ..... ▶

TOTAL This Period (last page this was numbered only) ..... ▶
(carry total from last page to Line 9)

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 01 OF 01

A. Full Name (Last, First, Middle Initial) of Payee: Media Strategies & Research

Mailing Address of Payee: 1580 Lincoln Street, #510

City: Denver | State: CO | Zip Code: 80203

Name of Employer: N/A | Occupation: N/A

Date of Disbursement or Obligation: 10 / 28 / 2004

Amount: 271394.42

Communication Date: 10 / 29 / 2004

Purpose of Disbursement (including title(s) or communication(s)): TV AD: 10/25 - 11/02 - Screwball

Name of Federal Candidate: Jim Bunning | Office Sought: [ ] House [x] Senate [ ] President | State: KY | District: ____ | Disbursement/Obligation For: [ ] Primary [x] General [ ] Other (specify)

Name of Federal Candidate: | Office Sought: [ ] House [x] 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: Media Strategies & Research

Mailing Address of Payee: 1580 Lincoln Street, #510

City: Denver | State: CO | Zip Code: 80203

Name of Employer: N/A | Occupation: N/A

Date of Disbursement or Obligation: 10 / 28 / 2004

Amount: 5305.58

Communication Date: 10 / 29 / 2004

Purpose of Disbursement (including title(s) or communication(s)): Commission on TV AD

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

Name of Federal Candidate: | Office Sought: [ ] House [x] Senate [ ] President | State: ____ | District: ____ | Disbursement/Obligation For: [ ] Primary [x] 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) ▶

TOTAL This Period (last page this line number only) ▶ 276700.00
(carry total from last page to Line 13)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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