

Fax Cover Sheet

FROM: Progress for America Voter Fund
Ralph R. Brown, Secretary

TO: Federal Election Commission
Fax: (202) 219-0174

DATE: October 29, 2004

PAGES: 9 (including fax cover sheet)

The following is being transmitted by facsimile by the required due date:

Progress for America Voter Fund FEC Form 9

For the period from October 28, 2004, through October 28, 2004.

This is the second of two separate Forms 9 that have been faxed today to the Federal Election Commission.

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: Progress for America Voter Fund

(b) Address (number and street) check if differs than previously reported
P.O. Box 57167

(c) City, State and ZIP Code
Washington, DC 20037

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

(e) Occupation: N/A

2. FEC Identification Number
C N/A

3. Is This Statement New or Amended

4. Covering Period: 10 / 28 / 2004 through 10 / 28 / 2004

5. (a) Date of Public Disclosure(s): 10 / 28 / 2004 (b) Communication Type: "None"

6. Is the filer a Qualified Nonprofit Corporation under 11 CFR 114.102? 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: Mary Anne Carter

(b) Address (number and street): P.O. Box 57167

(c) City, State and ZIP Code: Washington, DC 20037

(d) Name of Employer or Principal Place of Business: MAC Research

(e) Occupation: Consultant

9. Total Donations This Statement: 0.00

10. Total Disbursements/Obligations This Statement: 71050.47

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: Ralph R. Brown, Secretary

SIGNATURE: *Ralph R. Brown* DATE: October 29, 2004

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 28 U.S.C. §437g.

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

11. Person(s) Sharing/Exercising Control

A. (a) Name Brian McCabe	
(b) Address (number and street) P.O. Box 57167	
(c) City, State and ZIP Code Washington, DC 20037	
(d) Name of Employer or Principal Place of Business DCI Group, L.L.C.	(e) Occupation Partner
B. (a) Name Mary Anne Carter	
(b) Address (number and street) P.O. Box 57167	
(c) City, State and ZIP Code Washington, DC 20037	
(d) Name of Employer or Principal Place of Business MAC Research	(e) Occupation Consultant
C. (a) Name Ralph R. Brown	
(b) Address (number and street) P.O. Box 57167	
(c) City, State and ZIP Code Washington, DC 20037	
(d) Name of Employer or Principal Place of Business McDonald, Brown & Tegen	(e) Occupation Attorney
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

<p>A. Full Name of Donor</p> <p>NO REPORTABLE DONATIONS. ALL REPORTED ON Mailing Address of Donor</p> <p>REPORT COVERING PERIOD OCT. 28-28, 2004.</p> <p>City State Zip</p> <p>TITLED "Ashley's Story".</p>	<p>Date of Receipt</p> <p>Amount</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 (optional)</p>	<p>0 0 0</p>
<p>TOTAL This Period (see page 14a for number only) (copy total from last page to line 9)</p>	<p>0 0 0</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KHBS-TV Mailing Address of Payee 2415 North Albert Pike City State Zip Code Ft. Smith AR 72904 Name of Employer Occupation N/A N/A		Date of Disbursement or Obligation 10 / 27 / 2004 Amount 1,086,300 Communication Date 10 / 28 / 2004
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising Time [10/28 - 11/2] "Hug"		
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House Senate President State: AR, OK District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate Sen. John Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee KPBT-TV Mailing Address of Payee 523 Garrison Avenue City State Zip Code Ft. Smith AR 72901 Name of Employer Occupation N/A N/A		Date of Disbursement or Obligation 10 / 27 / 2004 Amount 2,210.00 Communication Date 10 / 28 / 2004
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising Time [10/28 - 11/2] "Hug"		
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House Senate President State: AR, OK District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate Sen. John Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AR, OK District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)		1,084.00
TOTAL This Period (Total page two thru number only) (carry total from last page to this 10)		_____

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 5 OF 8

A. Full Name (Last, First, Middle Initial) of Payee KPOM-TV		Date of Disbursement or Obligation 10 / 27 / 2004	
Mailing Address of Payee 4624 Kelley Highway		Amount 4,587.50	
City Ft. Smith	State AR	Zip Code 72904	Communication Date 10 / 28 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising Time [10/28 - 11/2] "Bug"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State AR, OK	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate Sen. John Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State AR, OK	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
B. Full Name (Last, First, Middle Initial) of Payee KFSM-TV		Date of Disbursement or Obligation 10 / 27 / 2004	
Mailing Address of Payee 318 North 13th Street		Amount 3,166.25	
City Ft. Smith	State AR	Zip Code 72901	Communication Date 10 / 28 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising Time [10/28 - 11/2] "Bug"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State AR, OK	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate Sen. John Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State AR, OK	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional)		9,753.75	
TOTAL This Period (put page into line number only) (carry total from last page to Line 10)		_____	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KTHV-TV				Date of Disbursement or Obligation 10 / 27 / 2004	
Mailing Address of Payee 720 South Izard Street				Amount 9,137.50	
City Little Rock	State AR	Zip Code 72201			
Name of Employer N/A			Occupation N/A		
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising Time [10/28 - 11/2] "Hug"					
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House Senate	State AR	District District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> President	House Senate	State AR	District District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):
B. Full Name (Last, First, Middle Initial) of Payee KATV-TV					
Mailing Address of Payee 401 South Main Street					
City Little Rock	State AR	Zip Code 72201			
Name of Employer N/A			Occupation N/A		
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising Time [10/28 - 11/2] "Hug"					
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House Senate	State AR	District District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> President	House Senate	State AR	District District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):
SUBTOTAL of Disbursements/Obligations This Page (optional)					
26,477.50					
TOTAL This Period (last page and line number only) (copy total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 7 OF 8

A. Full Name (Last, First, Middle Initial) of Payee ELRT-TV Mailing Address of Payee 10800 Colonel Glen Road City: Little Rock State: AR Zip Code: 72204 Name of Employer: N/A Occupation: N/A		Date of Disbursement or Obligation 10 / 27 / 2004 Amount 3,272.50 Communication Date 10 / 28 / 2004
Purpose of Disbursement (including title) of contribution(s) TV Advertising Time [10/28 - 11/2] "Rug"		
Name of Federal Candidate Pres. George W. Bush Office Sought: <input checked="" type="checkbox"/> President House Senate President	State: AR District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____
Name of Federal Candidate Sen. John Kerry Office Sought: <input checked="" type="checkbox"/> President House Senate President	State: AR District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____
Name of Federal Candidate Office Sought: _____ House Senate President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____
B. Full Name (Last, First, Middle Initial) of Payee KARK-TV Mailing Address of Payee 1401 W Captain Avenue City: Little Rock State: AR Zip Code: 72201 Name of Employer: N/A Occupation: N/A		Date of Disbursement or Obligation 10 / 27 / 2004 Amount 1,922.50 Communication Date 10 / 28 / 2004
Purpose of Disbursement (including title) of contribution(s) TV Advertising Time [10/28 - 11/2] "Rug"		
Name of Federal Candidate Pres. George W. Bush Office Sought: <input checked="" type="checkbox"/> President House Senate President	State: All District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____
Name of Federal Candidate Sen. John Kerry Office Sought: <input checked="" type="checkbox"/> President House Senate President	State: AR District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____
Name of Federal Candidate Office Sought: _____ House Senate President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____
SUBTOTAL of Disbursements/Obligations This Page (optional)		3,419.50
TOTAL This Period (last page lists line number only) (copy total from last page to Line 10)		

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 8 OF 8

A. Full Name (Last, First, Middle Initial) of Payee Mentzar Media Services, Inc.				Date of Disbursement or Obligation 10 / 27 / 2004	
Mailing Address of Payee 600 Fairmount Avenue, Suite 306				Amount 9,540.22	
City Towson	State MD	Zip Code 21286			
Name of Employer N/A			Occupation N/A		
Purpose of Disbursement (including title of communication(s)) Media Placement Fee - TV Ad - "Mug"					
Name of Federal Candidate Pres. George W. Bush		Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State AR, OK	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate Sen. John Kerry		Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State AR, OK	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought	State	Disbursement/Obligation For	
B. Full Name (Last, First, Middle Initial) of Payee					
Mailing Address of Payee				Date of Disbursement or Obligation	
City				Amount	
Name of Employer				Communication Date	
Purpose of Disbursement (including title of communication(s))					
Name of Federal Candidate		Office Sought	State	Disbursement/Obligation For	
Name of Federal Candidate		Office Sought	State	Disbursement/Obligation For	
Name of Federal Candidate		Office Sought	State	Disbursement/Obligation For	
SUBTOTAL of Disbursements/Obligations This Page (optional)				9,540.22	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				7,105,047	

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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Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<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
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A
 PREPARER
 (5/2004)

N/A
 DATE PREPARED