

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 first of two separate Forms 9 being 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 Disbursements/Obligations

(a) Name: **Progress for America Voter Fund**

(b) Address (number and street) Check if different 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:

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 Distribution(s): **10/28/2004** (b) Communication Title: **"Ashley's Story"**

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: **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: **NAC Research** (e) Occupation: **Consultant**

9. Total Donations This Statement: **3,270,000.00**

10. Total Disbursements/Obligations This Statement: **1,683,245.33**

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, amended or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. 1001.

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

14. 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 E. 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 & Fagen	(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

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<p>A. Full Name of Donor <u>Robert C. Rhein</u> Mailing Address of Donor <u>7265 Kamwood Road, Suite 220</u> City State Zip <u>Cincinnati OH 45236</u></p>	<p>Date of Receipt 10 28 2004 Amount 25000.00</p>
<p>B. Full Name of Donor <u>Robin P. Arkley</u> Mailing Address of Donor <u>2339 D Street</u> City State Zip <u>Bureka CA 95501</u></p>	<p>Date of Receipt 10 26 2004 Amount 50000.00</p>
<p>C. Full Name of Donor <u>Robert Lindner</u> Mailing Address of Donor <u>6950 Given Road</u> City State Zip <u>Cincinnati OH 45243</u></p>	<p>Date of Receipt 10 26 2004 Amount 250000.00</p>
<p>D. Full Name of Donor <u>Fred Stubs</u> Mailing Address of Donor <u>P.O. Box 582</u> City State Zip <u>Bronxville NY 10708</u></p>	<p>Date of Receipt 10 28 2004 Amount 20000.00</p>
<p>E. Full Name of Donor _____ Mailing Address of Donor _____ City State Zip _____</p>	<p>Date of Receipt _____ Amount _____</p>
<p>SUBTOTAL of Donations This Page (optional) > 327000.00</p>	
<p>TOTAL This Period (add page this line number only) > 327000.00 (carry total from last page to Line 9)</p>	

SCHEDULE 8-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KHBS-TV				Date of Disbursement or Obligation 10 / 27 / 2004	
Mailing Address of Payee 2413 North Albert Pike				Amount 3,502.50	
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) of communication(s) TV Advertising Time [10/28 - 11/2] "Ashley's Story"					
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input checked="" type="checkbox"/> President	House Senate	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"/> President	House Senate	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input 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 KPBI-TV				Date of Disbursement or Obligation 10 / 27 / 2004	
Mailing Address of Payee 523 Garrison Avenue				Amount 646.00	
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) of communication(s) TV Advertising Time [10/28 - 11/2] "Ashley's Story"					
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input checked="" type="checkbox"/> President	House Senate	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"/> President	House Senate	State: District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input 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)				3,502.50	
TOTAL This Period (last page this 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 KPOW-TV		Date of Disbursement or Obligation 10 / 27 / 2004	
Mailing Address of Payee 4624 Kelley Highway		Amount 15,300.00	
City Ft. Smith	State AR	Communication Date 10 / 28 / 2004	
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title) of communication(s) TV Advertising Time [10/28 - 11/2] "Ashley's Story"			
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 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"/> 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) _____
B. Full Name (Last, First, Middle Initial) of Payee INTENTIONALLY LEFT BLANK		Date of Disbursement or Obligation -----	
Mailing Address of Payee -----		Amount -----	
City -----	State -----	Communication Date -----	
Name of Employer -----		Occupation -----	
Purpose of Disbursement (including title) of communication(s) -----			
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) _____
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) _____
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)		15,300.00	
TOTAL This Period (Just page title line number only) (carry total from last page to Line 10)		-----	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

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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 3,806,300	
City Little Rock	State AR	Zip Code 72201	Communication Date 10 / 28 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title) of communication(s) TV Advertising Time [10/26 - 11/2] "Ashley's Story"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House State: AR	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	Senate 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 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 KATV-TV		Date of Disbursement or Obligation 10 / 27 / 2004	
Mailing Address of Payee 401 South Main Street		Amount 2,653,000	
City Little Rock	State AR	Zip Code 72201	Communication Date 10 / 28 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title) of communication(s) TV Advertising Time [10/26 - 11/2] "Ashley's Story"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House State: AR	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	Senate 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 State:	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
GROSS TOTAL of Disbursements/Obligations This Page (optional)		6,475,300	
TOTAL This Period (add page line line number only) (carry total from last page to Line 10)			

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE 7 OF 8

A. Full Name (Last, First, Middle Initial) of Payee KLRT-TV		Date of Disbursement or Obligation 10 / 27 / 2004	
Mailing Address of Payee 10800 Colonel Glen Road		Amount 2,252,500	
City Little Rock	State AR	Zip Code 72204	Communication Date 10 / 29 / 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] "Ashley's Story"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	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 <input type="checkbox"/> Senate	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 <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 KARK-TV		Date of Disbursement or Obligation 10 / 27 / 2004	
Mailing Address of Payee 1401 W Capitan Avenue		Amount 2,873,000	
City Little Rock	State AR	Zip Code 72201	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] "Ashley's Story"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	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 <input type="checkbox"/> Senate	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 <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) _____	
GRAND TOTAL of Disbursements/Obligations This Page (optional)		3,098,250	
TOTAL This Period (last page this line number only) (copy total from last page to line 10)			

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payor Moutzer Media Services, Inc.		Date of Disbursement or Obligation 10 / 27 / 2004
Mailing Address of Payor 600 Fairmount Avenue, Suite 306		Amount 22,260.53
City Towson	State MD	Zip Code 21286
Name of Employer N/A		Occupation N/A
Purpose of Disbursement (including title(s) of communication(s)) Media Placement Fee - TV Ad - "Ashley's Story"		
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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	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	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 _____		Date of Disbursement or Obligation _____
Mailing Address of Payee _____		Amount _____
City _____	State _____	Zip Code _____
Name of Employer _____		Occupation _____
Purpose of Disbursement (including title(s) of communication(s)) _____		
Name of Federal Candidate _____	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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	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	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)		22,260.53
TOTAL This Period (last page this the number only) (carry total from last page to Line 10)		168,324.53

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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<input type="checkbox"/> USPS Priority Mail	Postmarked
<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
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A
 PREPARER

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