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FACSIMILE COVER SHEET

DATE: 3/25/2004

FAX: 202-219-0174

TO: FEDERAL ELECTION COMMISSION

FROM: JIM LAMB/
ARIEL MOYER

NOTES:

INITIALS: AM

CLIENT: 753-01

PLEASE DELIVER THE FOLLOWING 10 PAGES (INCLUDING COVER SHEET) TO THE ABOVE NAMED RECIPIENT. IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CONTACT THE LISTED OPERATOR AT (202) 293-1177. THANK YOU.

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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: The Media Fund

(b) Address (Number and Street) Check if different than previously reported
1120 Connecticut Avenue NW #1140

(c) City, State and ZIP Code: Washington, DC 20036

(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
From 03/03 through 03/24 2004

5. (a) Date of Public Distribution(s) 03/24/2004 **(b) Communication Type** "Factory-EC"

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

B. Custodian of Records

(a) Name: Janice Ann Enright

(b) Address (Number and Street): 1120 Connecticut Avenue NW #1140

(c) City, State and ZIP Code: Washington, DC 20036

(d) Name of Employer or Principal Place of Business: Ickes & Enright, Inc.

(e) Occupation: Principal

9. Total Donations This Statement 2000000.00

10. Total Disbursements/Obligations This Statement 50639.76

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 requirements.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: Janice Ann Enright

SIGNATURE: *Janice Enright* DATE: 03/24/2004

NOTE: Submission of false, misleading or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. § 4372a.

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 **The Media Fund**

(b) Address (number and street) check if different than previously reported
1120 Connecticut Avenue NW #1140

(c) City, State and ZIP Code
Washington, DC 20005

2. FEC Identification Number

N/A

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

(e) Occupation
N/A

3. Is This Statement
 New
or
 Amended

4. Covering Period

through
02 12 2004
03 24 2004

5. (a) Date of Public Distribution(s) 03 24 2004

(b) Communication Title **"Factory-EG"**

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
Janice Ann Enright

(b) Address (number and street)
1120 Connecticut Avenue NW #1140

(c) City, State and ZIP Code
Washington, DC 20005

(d) Name of Employer or Principal Place of Business
Idias & Enright, Inc.

(e) Occupation
Principal

9. Total Donations This Statement

200000.00

10. Total Disbursements/Obligations This Statement

80029.78

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 Janice Ann Enright

SIGNATURE _____ DATE 03/24/2004

NOTE: Such lack of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 3437g.

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name Erik Smith	
(b) Address (number and street) 888 16th Street NW 7th Fl	
(c) City, State and ZIP Code Washington, DC 20006	
(d) Name of Employer or Principal Place of Business The Media Fund	(e) Occupation Executive Director
B. (a) Name Harold Ickes	
(b) Address (number and street) 1120 Connecticut Avenue NW 2nd 140	
(c) City, State and ZIP Code Washington, DC 20036	
(d) Name of Employer or Principal Place of Business Ickes & Enright, Inc.	(e) Occupation President
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 B-A
Donation(s) Received

A. Full Name of Donor
Robert Balinevich

Mailing Address of Donor
441 Roxhampton Road

City State Zip
Hillsborough, CA 94010

Date of Receipt
03 12 2004

Amount
60000.00

(MEMO)

B. Full Name of Donor
Steve Bing

Mailing Address of Donor
1801 Avenue of the Stars #150

City State Zip
Los Angeles, CA 90067

Date of Receipt
03 18 2004

Amount
4955448.33

(MEMO)

C. Full Name of Donor
Eva Jane R. Coombs

Mailing Address of Donor
6 Corbin Drive

City State Zip
Cincinnati, OH 45208

Date of Receipt
03 12 2004

Amount
1250.00

(MEMO)

D. Full Name of Donor
Tom Freston

Mailing Address of Donor
57 East 88th Street

City State Zip
New York, NY 10021

Date of Receipt
03 18 2004

Amount
6250.00

(MEMO)

E. Full Name of Donor
Gail Furman

Mailing Address of Donor
170 Sullivan Street

City State Zip
New York, NY 10012

Date of Receipt
03 12 2004

Amount
25000.00

(MEMO)

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (last page this line number only)

(carry total from last page to Line B)

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SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor
 Geraldine B. Laybourne
 Mailing Address of Donor
 1 West 64th Street #11A
 City State Zip
 New York, NY 10023

Date of Receipt
 03 18 2004
 Amount
 1250.00
 (MEMO)

B. Full Name of Donor
 David Orr
 Mailing Address of Donor
 3213 Longfellow Drive
 City State Zip
 Baltimore, CA 94962

Date of Receipt
 03 17 2004
 Amount
 7500.00
 (MEMO)

C. Full Name of Donor
 Catherine Raphael
 Mailing Address of Donor
 5700 Bartlett Street
 City State Zip
 Pittsburgh, PA 15217

Date of Receipt
 03 18 2004
 Amount
 8000.00
 (MEMO)

D. Full Name of Donor
 Agnes Vasic
 Mailing Address of Donor
 152 Central Park South
 City State Zip
 New York, NY 10019

Date of Receipt
 01 12 2004
 Amount
 150000.00
 (MEMO)

E. Full Name of Donor
 Susan T. Bueff
 Mailing Address of Donor
 3 Embarcadero Center
 City State Zip
 San Francisco, CA 94111

Date of Receipt
 03 22 2004
 Amount
 500000.00
 (MEMO)

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (last page this line number only) (carry total from last page to Line 8)

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Louise Gund</p> <p>Mailing Address of Donor 41 Plaza Drive</p> <p>City State Zip Berkeley, CA 94705</p>	<p>Date of Receipt 03 23 2004</p> <p>Amount 500000.00 (MEMO)</p>
<p>B. Full Name of Donor Victory Campaign 2004</p> <p>Mailing Address of Donor 1120 Connecticut Avenue NW #1100</p> <p>City State Zip Washington, DC 20038</p>	<p>Date of Receipt 03 22 2004</p> <p>Amount 200000.00 Joint Fundraising Proceeds</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>TOTAL This Period (last page this line number only) _____ (carry total from last page to Line 9)</p>	<p>Amount</p> <p>200000.00</p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee KASA-TV		Date of Disbursement or Obligation 03 22 2004	
Mailing Address of Payee 1377 University Blvd, NE		Amount 2867.50	
City Albuquerque, NM 87102	State NM	Zip Code 87102	Communication Date 03 24 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) Advertisement 3/24/04 - 3/30/04 "Factory-EC"			
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: CO District: _____	Disbursement/Obligation For: <input checked="" 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) _____
B. Full Name (Last, First, Middle Initial) of Payee KOAT-TV		Date of Disbursement or Obligation 03 22 2004	
Mailing Address of Payee 3801 Carlisle Blvd NE		Amount 1887.50	
City Albuquerque, NM 87107	State NM	Zip Code 87107	Communication Date 03 24 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including date(s) of communication(s)) Advertisement 3/24/04 - 3/30/04 "Factory-EC"			
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: CO District: _____	Disbursement/Obligation For: <input checked="" 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)			
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 KOB-TV				Date of Disbursement or Obligation 03 / 22 / 2004	
Mailing Address of Payee 4 Broadcast Plaza SW				Amount 12,274.00	
City Albuquerque, NM 87184	State	Zip Code	Communication Date 03 / 24 / 2004		
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title) of communication(s) Advertisement 3/24/04 - 3/30/04 "Factory-EG"					
Name of Federal Candidate George W. Bush	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State CO	District	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	State	District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	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 KROQ-TV				Date of Disbursement or Obligation 03 / 22 / 2004	
Mailing Address of Payee 13 Broadcast Plaza SW				Amount 1,660.00	
City Albuquerque, NM 87184	State	Zip Code	Communication Date 03 / 24 / 2004		
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title) of communication(s) Advertisement 3/24/04 - 3/30/04 "Factory-EG"					
Name of Federal Candidate George W. Bush	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State CO	District	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	State	District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	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)					
TOTAL This Period (ask 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 Media Strategies & Research		Date of Disbursement or Obligation: 03 / 22 / 2004	
Mailing Address of Payee 1500 Lincoln Street #810		Amount: 870.78	
City Denver, CO	State CO	Zip Code 80203	Communication Date: 03 / 24 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) Advertisement 3/24/04 - 3/30/04 "Factory-EO"			
Name of Federal Candidate George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: CO District: _____	Disbursement/Obligation For: <input checked="" 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) _____
B. Full Name (Last, First, Middle Initial) of Payee _____		Date of Disbursement or Obligation: _____	
Mailing Address of Payee _____		Amount: _____	
City _____	State _____	Zip Code _____	Communication Date: _____
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	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)		Amount: 50828.73	
TOTAL This Period (see page 3 for number only) (carry total from last page to Line 10)		Amount: _____	

Federal Election Commission
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