

Fax Cover Sheet

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

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

DATE: July 7, 2004

Pages: 12 (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 June 25, 2004, to July 6, 2004.**

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) <input type="checkbox"/> check if different than previously reported P.O. Box 57167	2. FEC Identification Number C N/A
(c) City, State and ZIP Code Washington, DC 20037	(d) Name of Employer or Principal Place of Business N/A
(e) Occupation N/A	(f) Occupation N/A
3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period 06/25/04 through 07/06/04
5. (a) Date of Public Distribution(s) 07/06/04	(b) Communication Title "Why Do We Fight"
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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	50,100.00
10. Total Disbursements/Obligations This Statement	52,152.49

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 07/07/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 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 & 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

<p>A. Full Name of Donor <u>Doug Zych</u> Mailing Address of Donor <u>172 Field Point Road, No. 4</u> City State Zip <u>Greenwich CT 06830</u></p>	<p>Date of Receipt <u>06</u> / <u>25</u> / <u>2004</u> Amount <u>100000</u></p>
<p>B. Full Name of Donor <u>Carl Lidner</u> Mailing Address of Donor <u>8555 Shawnee Run Road</u> City State Zip <u>Cincinnati OH 45243</u></p>	<p>Date of Receipt <u>06</u> / <u>30</u> / <u>2004</u> Amount <u>50000000</u></p>
<p>C. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>
<p>D. Full Name of Donor Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</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) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<p><u>30100000</u></p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 11

A. Full Name (Last, First, Middle Initial) of Payee McCarthy Marcus Hennings, Ltd.		Date of Disbursement or Obligation 07 / 06 / 2004	
Mailing Address of Payee 1850 M Street, NW, Suite 235		Amount 18 000 00	
City Washington	State DC	Zip Code 20036	Communication Date 07 / 06 / 2004
Name of Employer N/A	Occupation N/A		
Purpose of Disbursement (including title(s) of communication(s)) Media Production - TV ad - "Why Do We Fight"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	State NV, NM District CA	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> President	State NV, NM District CA	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
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 KLAS-TV		Date of Disbursement or Obligation 07 / 01 / 2004	
Mailing Address of Payee 3228 Channel B Dr		Amount 35 317 50	
City Las Vegas	State NV	Zip Code 89109	Communication Date 07 / 06 / 2004
Name of Employer N/A	Occupation N/A		
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [7/6 - 7/15] "Why Do We Fight"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	State NV District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> President	State NV District _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
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 KTNV-TV		Date of Disbursement or Obligation 07 / 01 / 2004	
Mailing Address of Payee 3355 S. Valley View Blvd.		Amount 1,969,875	
City Las Vegas	State NV	Zip Code 89102	Communication Date 07 / 08 / 2004
Name of Employer 		Occupation 	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [7/6 - 7/15] "Why Do We Fight"			
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
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 WVBC-TV		Date of Disbursement or Obligation 07 / 01 / 2004	
Mailing Address of Payee 1500 Foremaster Land		Amount 8,831,500	
City Las Vegas	State NV	Zip Code 89101	Communication Date 07 / 08 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [7/6 - 7/15] "Why Do We Fight"			
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
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 KVVU-TV		Date of Disbursement or Obligation 07/01/2004	
Mailing Address of Payee 25 TV 5 Drive		Amount 19,868.75	
City Henderson	State NV	Zip Code 89014	Communication Date 07/06/2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [7/6 - 7/15] "Why Do We Fight"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	State NV	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> President	State NV	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
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 KASA-TV		Date of Disbursement or Obligation 07/01/2004	
Mailing Address of Payee 1377 University Blvd. NE		Amount 3,081.25	
City Albuquerque	State NM	Zip Code 87102	Communication Date 07/06/2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [7/6 - 7/15] "Why Do We Fight"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	State NM	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> President	State NM	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
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 Disbursement(s)/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 KOAT-TV		Date of Disbursement or Obligation 07 / 01 / 2004
Mailing Address of Payee 3801 Carlisle NE		Amount 38,675.00
City Albuquerque	State NM	Zip Code 87125
Name of Employer N/A	Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [7/6 - 7/15] "Why Do We Fight"		
Name of Federal Candidate Pres. George W. Bush	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate	Office Sought	Disbursement/Obligation For:
B. Full Name (Last, First, Middle Initial) of Payee KOB-TV		Date of Disbursement or Obligation 07 / 01 / 2004
Mailing Address of Payee 4 Broadcast Plaza SW		Amount 44,038.50
City Albuquerque	State NM	Zip Code 87103
Name of Employer N/A	Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [7/6 - 7/15] "Why Do We Fight"		
Name of Federal Candidate Pres. George W. Bush	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate	Office Sought	Disbursement/Obligation For:
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 KRQE-TV		Date of Disbursement or Obligation 07 / 01 / 2004	
Mailing Address of Payee 13 Broadcast Plaza SW		Amount 42,245.00	
City Albuquerque	State NM	Zip Code 87103	Communication Date 07 / 06 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [7/6 - 7/15] "Why Do We Fight"			
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NM District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) > Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NM District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) > Nat'l Conv.
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 KOLO-TV		Date of Disbursement or Obligation 07 / 01 / 2004	
Mailing Address of Payee 4850 Ampere Drive		Amount 22,227.50	
City Reno	State NV	Zip Code 89502	Communication Date 07 / 06 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [7/6 - 7/15] "Why Do We Fight"			
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV, CA District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) > Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV, CA District:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) > Nat'l Conv.
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 Use 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 KRNV-TV		Date of Disbursement or Obligation 07 / 01 / 2004
Mailing Address of Payee 1790 Vassar Street		Amount 21,016.25
City Reno	State NV	Zip Code 89510
Name of Employer N/A	Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [7/6 - 7/15] "Why Do We Fight"		
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Nat'l Conv.
Name of Federal Candidate	Office Sought	Disbursement/Obligation For:
B. Full Name (Last, First, Middle Initial) of Payee KRKI-TV		Date of Disbursement or Obligation 07 / 01 / 2004
Mailing Address of Payee 4920 Brookside Court		Amount 5,588.75
City Reno	State NV	Zip Code 89502
Name of Employer N/A	Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [7/6 - 7/15] "Why Do We Fight"		
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Nat'l Conv.
Name of Federal Candidate	Office Sought	Disbursement/Obligation For:
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 KTVN-TV		Date of Disbursement or Obligation 07 / 01 / 2004
Mailing Address of Payee 4925 Energy Way		Amount 1,870,425
City Reno	State NV	Zip Code 89502
Name of Employer N/A	Occupation N/A	
Purpose of Disbursement (including Use(s) of communication(s)) TV Advertising time [7/6 - 7/15] "Why Do We Fight"		
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
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 National Cable Communications		Date of Disbursement or Obligation 07 / 01 / 2004
Mailing Address of Payee 5454 Wisconsin Ave., Suite 625		Amount 51,141.10
City Chevy Chase	State MD	Zip Code 20815
Name of Employer N/A	Occupation N/A	
Purpose of Disbursement (including Use(s) of communication(s)) TV Advertising time [7/9 - 7/15] "Why Do We Fight"		
Name of Federal Candidate Pres. George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV, NM District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV, NM District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
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 Cable TV Advertising		Date of Disbursement or Obligation 07 / 01 / 2004	
Mailing Address of Payee 821 Benge Street		Amount 66555	
City Arlington	State TX	Zip Code 76013	
Name of Employer N/A	Occupation N/A		
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising time [7/9 - 7/15] "Why Do We Fight"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	State NM	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> President	State NM	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
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 Mentzer Media Services Inc.		Date of Disbursement or Obligation 07 / 01 / 2004	
Mailing Address of Payee 600 Fairmount Ave St. 306		Amount 9294994	
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 - "Why Do We Fight"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> President	State CA District NV, NM	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/> President	State CA District NV, NM	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Nat'l Conv.
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 (last page this line number only) (carry total from last page to Line 10)		52152409	

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked 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
<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
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED