



To: **Federal Election Commission**
Fax number: 202-219-0174

From: **Windows 2000**
Fax number:
Business phone:
Home phone:

Date & Time: 5/21/2004 7:43:49 PM
Pages: 11
Re: The Media Fund -- FEC Form 9

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 **The Media Fund**

(b) Address (number and street) check if different from 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

05 / 14 / 2004
 through
05 / 30 / 2004

5. (a) Date of Public Distribution(s)

05 / 20 / 2004

(b) Communication Title **"Corporate HQ-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

8. Custodian of Records

(a) Name
Eric Smith

(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
The Media Fund

(e) Occupation
Executive Director

9. Total Donations This Statement

\$10000.00

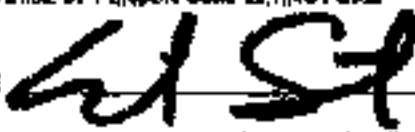
10. Total Disbursements/Obligations This Statement

18727.36

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 **Eric Smith**

SIGNATURE



DATE **05/21/2004**

NOTE: Submission of false, inaccurate 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 Erik Smith	
(b) Address (number and street) 855 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	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
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

<p>A. Full Name of Donor Frank Brunschhorst</p> <p>Mailing Address of Donor 1490 Lagoon Lane</p> <p>City State Zip Sarasota, FL 34231</p>	<p>Date of Receipt 05 17 2004</p> <p>Amount 100,000.00</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 05 14 2004</p> <p>Amount 500,000.00</p>
<p>C. Full Name of Donor Victoria D. Abrahamson</p> <p>Mailing Address of Donor 117 Portland Avenue S.</p> <p>City State Zip Minneapolis, MN 55401</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 1,000.00 (MEMO)</p>
<p>D. Full Name of Donor Anisa K. Bingham</p> <p>Mailing Address of Donor 5828 Overlook Road NW</p> <p>City State Zip Washington, DC 20016</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 2,500.00 (MEMO)</p>
<p>E. Full Name of Donor Richard C. Blum</p> <p>Mailing Address of Donor 909 Montgomery Street #400</p> <p>City State Zip San Francisco, CA 94133</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 100,000.00 (MEMO)</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page line line number only)</p> <p>(carry total from last page to line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Thomas E. Congdon</p> <p>Mailing Address of Donor 333 Logan Street #209</p> <p>City State Zip Denver, CO 80203</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 7,500.00</p> <p>(MEMO)</p>	
<p>B. Full Name of Donor Mary Lee Dayton</p> <p>Mailing Address of Donor 540 Indiana Mount #49</p> <p>City State Zip Wayzata, MN 55391</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 7,500.00</p> <p>(MEMO)</p>	
<p>C. Full Name of Donor Lisa Goldman</p> <p>Mailing Address of Donor 2520 Union Street</p> <p>City State Zip San Francisco, CA 94128</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 12,500.00</p> <p>(MEMO)</p>	
<p>D. Full Name of Donor Douglas E. Goldman</p> <p>Mailing Address of Donor 2520 Union Street</p> <p>City State Zip San Francisco, CA 94128</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 12,500.00</p> <p>(MEMO)</p>	
<p>E. Full Name of Donor Peter A. Hoogard</p> <p>Mailing Address of Donor 184 Bank Street SE</p> <p>City State Zip Minneapolis, MN 55414</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 10,000.00</p> <p>(MEMO)</p>	
<p>SUBTOTAL of Donations This Page (optional)</p>		<p>.....</p>
<p>TOTAL This Period (last page 914 five number only)</p> <p>(carry total from last page to line 9)</p>		<p>.....</p>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Marian S. Heiskell</p> <p>Mailing Address of Donor 570 United Nations Plaza</p> <p>City State Zip New York, NY 10017</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 10,000.00</p> <p>(MEMO)</p>
<p>B. Full Name of Donor Adam Hochschild</p> <p>Mailing Address of Donor 84 Seward Street</p> <p>City State Zip San Francisco, CA 94114</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 12,500.00</p> <p>(MEMO)</p>
<p>C. Full Name of Donor Jay Kogen</p> <p>Mailing Address of Donor 2230 Weybridge Lane</p> <p>City State Zip Los Angeles, CA 90077</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 1,250.00</p> <p>(MEMO)</p>
<p>D. Full Name of Donor John R. Moss</p> <p>Mailing Address of Donor P.O. Box X</p> <p>City State Zip Stanford, CA 94309</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 5,000.00</p> <p>(MEMO)</p>
<p>E. Full Name of Donor Martin Z. Margulies</p> <p>Mailing Address of Donor 445 Grand Bay Drive PH1</p> <p>City State Zip Key Biscayne, FL 33149</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 6,250.00</p> <p>(MEMO)</p>
<p>SUBTOTAL of Donations This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Weston F. Milliken <hr/> Mailing Address of Donor P.O. Box 891550 <hr/> City State Zip West Hollywood, CA 90069</p>	<p>Date of Receipt 05 19 2004 <hr/> Amount 2,500.00 (MEMO)</p>
<p>B. Full Name of Donor Brewster W. Pettus <hr/> Mailing Address of Donor 86 Thomas Street #7 <hr/> City State Zip New York, NY 10013</p>	<p>Date of Receipt 05 19 2004 <hr/> Amount 2,500.00 (MEMO)</p>
<p>C. Full Name of Donor Renata Schwebel <hr/> Mailing Address of Donor 10 Dogwood Hills <hr/> City State Zip Pound Ridge, NY 10576</p>	<p>Date of Receipt 05 19 2004 <hr/> Amount 10,000.00 (MEMO)</p>
<p>D. Full Name of Donor Ellen O. Sturgeon <hr/> Mailing Address of Donor 1819 5th. Curve Avenue <hr/> City State Zip Minneapolis, MN 55403</p>	<p>Date of Receipt 05 19 2004 <hr/> Amount 2,500.00 (MEMO)</p>
<p>E. Full Name of Donor Judith P. Subberger <hr/> Mailing Address of Donor 146 Central Park West <hr/> City State Zip New York, NY 10023</p>	<p>Date of Receipt 05 19 2004 <hr/> Amount 12,000.00 (MEMO)</p>

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (last page this line number only)
 (carry total from last page to Line 9)

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SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Wendy vanden Heuvel</p> <p>Mailing Address of Donor 248 West 18th Street</p> <p>City State Zip New York, NY 10014</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 22,500.00</p> <p>(MEMO)</p>
<p>B. Full Name of Donor E. Richard Yulesan</p> <p>Mailing Address of Donor 558 Leucadendra Drive</p> <p>City State Zip Coral Gables, FL 33158</p>	<p>Date of Receipt 05 19 2004</p> <p>Amount 12,500.00</p> <p>(MEMO)</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> <hr/> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p> <p style="text-align: right;">60000.00</p>	

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WNWO-TV		Date of Disbursement or Obligation 05 17 2004	
Mailing Address of Payee 300 S. BYRNE ROAD		Amount 4,279.76	
City TOLEDO, OH 43615	State	Zip Code	Communication Date 05 20 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 05/20/04 - 05/22/04 "Corporate HQ-EC"			
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: MI 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 WTOL-TV		Date of Disbursement or Obligation 05 17 2004	
Mailing Address of Payee 730 N. SUMMIT STREET		Amount 4,811.08	
City TOLEDO, OH 43604	State	Zip Code	Communication Date 05 20 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 05/20/04 - 05/22/04 "Corporate HQ-EC"			
Name of Federal Candidate George W. Bush	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: MI 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 (use page this line number only) (carry total from last page to line 10)			

2403841474

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WTVG-TV				Date of Disbursement or Obligation 05 17 2004	
Mailing Address of Payee 4247 DORA STREET				Amount 1,114.00	
City TOLEDO, OH 43607	State	Zip Code		Communication Date 05 20 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 05/20/04 - 05/22/04 "Corporate HQ-EC"					
Name of Federal Candidate George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI 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:	Disbursement/Obligation For:		
Name of Federal Candidate	Office Sought:	State:	Disbursement/Obligation For:		
B. Full Name (Last, First, Middle Initial) of Payee WUPN-TV				Date of Disbursement or Obligation 05 17 2004	
Mailing Address of Payee 4 SEAGATE				Amount 1,585.25	
City TOLEDO, OH 43604	State	Zip Code		Communication Date 05 20 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 05/20/04 - 05/22/04 "Corporate HQ-EC"					
Name of Federal Candidate George W. Bush	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI 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:	Disbursement/Obligation For:		
Name of Federal Candidate	Office Sought:	State:	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 B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee MEDIA STRATEGIES & RESEARCH				Date of Disbursement or Obligation 05 17 2004	
Mailing Address of Payee 1580 LINCOLN STREET #810				Amount 247.35	
City DENVER, CO 80203	State	Zip Code		Communication Date 05 25 2004	
Name of Employer N/A		Occupation N/A			
Purpose of Disbursement (including title(s) of communication(s)) TV Advertisement 05/20/04 - 05/22/04 "Corporate HQ-EC"					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> House	State MI	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)				16737.35	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

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