

FACSIMILE TRANSMISSION SHEET

TO: **FEC**

FROM: **Lisa Seitz Grunwell**

COMPANY:

DATE:

FAX NUMBER:

**202-219-0174**

TOTAL NO. OF PAGES INCLUDING COVER:

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**Form 9 for Compare/Decide/Vote**

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FOR REVIEW

PLEASE COMMENT

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NOTES/COMMENTS:

(CLICK HERE AND TYPE RETURN ADDRESS)

# 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: Compass / Guide / Voice

(b) Address (number and street):  check if different than previously reported  
2010 - Broadway, Suite 200

(c) City, State and ZIP Code: Rosewood City CA 94063

(d) Name of Employer or Principal Place of Business: \_\_\_\_\_

(e) Occupation: \_\_\_\_\_

2. FEC identification Number: C

3. Is This Statement  New or  Amended

4. Covering Period: 10/13/04 through 10/25/04

5. (a) Date of Public Distribution(s): 10/25/04 (b) Communication Title: Clear Choice

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: LISA SEITZ

(b) Address (number and street): 1382 - MASONIC #2

(c) City, State and ZIP Code: San Francisco, CA 94117

(d) Name of Employer or Principal Place of Business: Skyline Public Works

(e) Occupation: Political Director

9. Total Donations This Statement: 40,000.00

10. Total Disbursements/Obligations This Statement: 28,346.72

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: LISA SEITZ

SIGNATURE: [Signature] DATE: 10/25/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §637g.

SCHEDULE 9-A  
Donation(s) Received

A. Full Name of Donor  
Deborah Rappaport

Mailing Address of Donor  
16379 Skyline Blvd.

City Woodside, CA State CA Zip 94062

Date of Receipt  
10 25 2004

Amount  
100,000.00

B. Full Name of Donor  
Andy Rappaport

Mailing Address of Donor  
16379 - Skyline Blvd.

City Woodside, CA State CA Zip 94062

Date of Receipt  
10 25 2004

Amount  
300,000.00

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional) 400,000.00

TOTAL This Period (last page of this number only) 400,000.00  
(carry total from last page to LTR 9)

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

PAGE 3 OF 4

14. Person(s) Sharing/Exercising Control

A. (a) Name: Deborah Rappaport  
 (b) Address (number and street): 16379 Skyline Blvd.  
 (c) City, State and ZIP Code: Woodside, CA 94062  
 (d) Name of Employer or Principal Place of Business: Rappaport Family Foundation  
 (e) Occupation: Executive Director

B. (a) Name: Andrew Rappaport  
 (b) Address (number and street): 16379 - Skyline Blvd.  
 (c) City, State and ZIP Code: Woodside, CA 94062  
 (d) Name of Employer or Principal Place of Business: August Capital  
 (e) Occupation: Venture Capitalist

C. (a) Name: Lisa Seitz  
 (b) Address (number and street): 1382 - Masonic #2  
 (c) City, State and ZIP Code: San Francisco, CA 94117  
 (d) Name of Employer or Principal Place of Business: Skyline Public Works  
 (e) Occupation: Political Director

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-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payor

McWilliams Robinson

Mailing Address of Payor

1660 L Street, NW Suite 301

City Washington

State D.C. Zip Code 20036

Name of Employer

Occupation

Date of Disbursement or Obligation

10/21/2004

Amount

2,834.6072

Communication Date

10/15/2004

Purpose of Disbursement (including title(s) of communication(s))

Television Airtime for "Clear Choice"

Name of Federal Candidate

Office Sought

House State NH, ME Senate District NH, ME President

Disbursement/Obligation For:

Primary General Other (specify)

John Kerry and George Bush

Name of Federal Candidate

Office Sought

House State Senate District President

Disbursement/Obligation For:

Primary General Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City

State Zip Code

Name of Employer

Occupation

Date of Disbursement or Obligation

Amount

Communication Date

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate

Office Sought

House State Senate District President

Disbursement/Obligation For:

Primary General Other (specify)

Name of Federal Candidate

Office Sought

House State Senate District President

Disbursement/Obligation For:

Primary General Other (specify)

Name of Federal Candidate

Office Sought

House State Senate District President

Disbursement/Obligation For:

Primary General Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional)

TOTAL This Period (Add page dis line number only) (carry total from last page to Line 10)

Indicate the date of the communication and the amount of the disbursement or obligation.

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
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<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
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A  
 PREPARER

N/A  
 DATE PREPARED

(5/2004)