CITIZENS FOR A STRONG SENATE
P.O. BOX 4008
WASHINGTON, DC 20044

FACSIMILE TRANSMITTAL SHEET

TO: Form 9 Reporting Dept	FROM: Lora Haggard
COMPANY: FEC	DATE: 10/29/2004
FAX NUMBER: 202-219-0174	TOTAL NO. OF PAGES INCLUDING COVER: 8
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: 216-374-8493
RE: Form 9 Report	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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
Citizens For A Strong Senate

(b) Address (number and street) ☐ check if different than previously reported
P.O. Box 4008

(c) City, State and ZIP Code
Washington, DC 20044

2. FEC Identification Number
C 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 10 27 2004 through 10 28 2004

5. (a) Date of Public Distribution(s) 10 28 2004 (b) Communication Title Dt. Mo/Day/Yr/Zocks/Hrs/Sec/Dec

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
Lora Haggard

(b) Address (number and street)
P.O. Box 4008

(c) City, State and ZIP Code
Washington, DC 20044

(d) Name of Employer or Principal Place of Business
Citizens For A Strong Senate

(e) Occupation
Treasurer

9. Total Donations This Statement 510300.00

10. Total Disbursements/Obligations This Statement 410496.00

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 Lora Haggard

SIGNATURE _____ DATE _____

NOTE: Submission of false, unmasked or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 03/2004)

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

11. Person(s) Sharing/Exercising Control

A. (a) Name
Jonathan Prince
(b) Address (number and street)
P.O. Box 4006
(c) City, State and ZIP Code
Washington, DC 20044
(d) Name of Employer or Principal Place of Business
Citizens For A Strong Senate
(e) Occupation
Chairman/Executive Director

B. (a) Name
Lora Haggard
(b) Address (number and street)
P.O. Box 4006
(c) City, State and ZIP Code
Washington, DC 20044
(d) Name of Employer or Principal Place of Business
Citizens For A Strong Senate
(e) Occupation
Treasurer

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

FEC FORM 6 (REV. 06/2003)

FEC/AN/DSL/POF

SCHEDULE 9-A

Donation(s) Received

A. Full Name of Donor: Chocktaw Nation of Oklahoma			Date of Receipt: 10 / 27 / 2004	
Mailing Address of Donor: P.O. Drawer 1210			Amount: 250000 00	
City: Durant	State: CO	Zip: 74703		
B. Full Name of Donor: Chicksaw Nation			Date of Receipt: 10 / 27 / 2004	
Mailing Address of Donor: P.O. Box 818			Amount: 250000 00	
City: Ada	State: OK	Zip: 74821		
C. Full Name of Donor: Patricia Bauman			Date of Receipt: 10 / 26 / 2004	
Mailing Address of Donor: 2358 Massachusetts Avenue			Amount: 10000 00	
City: Washington	State: DC	Zip: 20008		
D. Full Name of Donor: Samuel Wiener, Jr.			Date of Receipt: 10 / 28 / 2004	
Mailing Address of Donor: 451 West Broadway			Amount: 300 00	
City: New York	State: NY	Zip: 10012		
E. Full Name of Donor:			Date of Receipt:	
Mailing Address of Donor:			Amount:	
City:	State:	Zip:		

SUBTOTAL of Donations This Page (optional) ..... ▶

TOTAL This Period (last page this line number only) ..... ▶ 510300 00
(carry total from last page to Line 5)

FEC FORM 9 (REV. 08/2003)

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: Media Strategies & Research
Mailing Address of Payee: 1580 Lincoln Street, #510
City: Denver State: CO Zip Code: 80203
Name of Employer: N/A Occupation: N/A
Date of Disbursement or Obligation: 10 / 27 / 2004
Amount: 68000.00
Communication Date: 10 / 28 / 2004
Purpose of Disbursement (including title(s) of communication(s)): Radio AD: 10/28 - 11/02-Growing Up/Facts/Dr. No

Name of Federal Candidate: Tom Coburn
Office Sought: House / Senate / President — State: OK District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate: Brad Carson
Office Sought: House / Senate / President — State: OK District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate:
Office Sought: House / Senate / President — State: District:
Disbursement/Obligation For: Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee: Media Strategies & Research
Mailing Address of Payee: 1580 Lincoln Street, #510
City: Denver State: CO Zip Code: 80203
Name of Employer: N/A Occupation: N/A
Date of Disbursement or Obligation: 10 / 27 / 2004
Amount: 97822.88
Communication Date: 10 / 28 / 2004
Purpose of Disbursement (including title(s) of communication(s)): TV AD: 10/28 - 11/02 - Facts/Dr. No

Name of Federal Candidate: Tom Coburn
Office Sought: House / Senate / President — State: OK District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate: Brad Carson
Office Sought: House / Senate / President — State: OK District:
Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate:
Office Sought: House / Senate / President — State: District:
Disbursement/Obligation For: Primary / General / 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 19)

FEC Form 9 (Rev. 03/2001)

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: Media Strategies & Research

Mailing Address of Payee: 1580 Lincoln Street, #510

City: Denver | State: CO | Zip Code: 80203

Name of Employer: N/A | Occupation: N/A

Date of Disbursement or Obligation: 10 / 27 / 2004

Amount: 146894.00

Communication Date: 10 / 28 / 2004

Purpose of Disbursement (including title(s) of communication(s)): TV AD: 10/28 - 11/02 - King/Back Rev. 2

Name of Federal Candidate: Richard Burr | Office Sought: [ ] House [x] Senate [ ] President | State: NC | District: ---- | Disbursement/Obligation For: [ ] Primary [x] General [ ] Other (specify) ▶

Name of Federal Candidate: | Office Sought: [ ] House [x] Senate [ ] President | State: ---- | District: ---- | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate: | Office Sought: [ ] House [x] Senate [ ] President | State: ---- | District: ---- | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee: Media Strategies & Research

Mailing Address of Payee: 1580 Lincoln Street, #510

City: Denver | State: CO | Zip Code: 80203

Name of Employer: N/A | Occupation: N/A

Date of Disbursement or Obligation: 10 / 27 / 2004

Amount: 3106.00

Communication Date: 10 / 28 / 2004

Purpose of Disbursement (including title(s) of communication(s)): Commission on TV AD

Name of Federal Candidate: | Office Sought: [ ] House [x] Senate [ ] President | State: ---- | District: ---- | Disbursement/Obligation For: [ ] Primary [x] General [ ] Other (specify) ▶

Name of Federal Candidate: | Office Sought: [ ] House [x] Senate [ ] President | State: ---- | District: ---- | Disbursement/Obligation For: [ ] Primary [x] General [ ] Other (specify) ▶

Name of Federal Candidate: | Office Sought: [ ] House [ ] Senate [ ] President | State: ---- | District: ---- | Disbursement/Obligation For: [ ] Primary [ ] General [ ] 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: Media Strategies & Research

Mailing Address of Payee: 1580 Lincoln Street, #510

City: Denver | State: CO | Zip Code: 80203

Name of Employer: N/A | Occupation: N/A

Date of Disbursement or Obligation: 10 / 27 / 2004

Amount: 3833.12

Communication Date: 10 / 28 / 2004

Purpose of Disbursement (including title(s) of communication(s)): Commission on TV/Radio Buy

Name of Federal Candidate | Office Sought: [ ] House [x] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [x] General [ ] Other (specify)

Name of Federal Candidate | Office Sought: [ ] House [x] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee: AKP Message & Media

Mailing Address of Payee: 730 North Franklin Street, Suite 404

City: Chicago | State: IL | Zip Code: 60610

Name of Employer: N/A | Occupation: N/A

Date of Disbursement or Obligation: 10 / 27 / 2004

Amount: 72000.00

Communication Date: 10 / 28 / 2004

Purpose of Disbursement (including title(s) of communication(s)): Production Fees

Name of Federal Candidate | Office Sought: [ ] House [x] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [x] General [ ] Other (specify)

Name of Federal Candidate | Office Sought: [ ] House [x] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [x] General [ ] Other (specify)

Name of Federal Candidate | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] 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)

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SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: Ad Crafters

Date of Disbursement or Obligation: 10 / 28 / 2004

Mailing Address of Payee: 532 Laguardia Place, #201

Amount: 4840.00

City: New York | State: NY | Zip Code: 10012

Communication Date: 10 / 28 / 2004

Name of Employer: N/A | Occupation: N/A

Purpose of Disbursement (including title(s) of communication(s)): Production Fees

Name of Federal Candidate | Office Sought: House / Senate / President | State: | District: | Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate | Office Sought: House / Senate / President | State: | District: | Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate | Office Sought: House / Senate / President | State: | District: | Disbursement/Obligation For: Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee: AXP Message & Media

Date of Disbursement or Obligation: 10 / 25 / 2004

Mailing Address of Payee: 730 North Franklin Street, Suite 404

Amount: 15000.00

City: Chicago | State: IL | Zip Code: 60610

Communication Date: 10 / 25 / 2004

Name of Employer: N/A | Occupation: N/A

Purpose of Disbursement (including title(s) of communication(s)): Production Fees

Name of Federal Candidate | Office Sought: House / Senate / President | State: | District: | Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate | Office Sought: House / Senate / President | State: | District: | Disbursement/Obligation For: Primary / General / Other (specify)

Name of Federal Candidate | Office Sought: House / Senate / President | State: | District: | Disbursement/Obligation For: Primary / General / Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 410496.00
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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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(5/2004)