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
Movecnt.org Voter Fund

(b) Address (number and street) ☐ check if different than previously reported
335 Bon Air Center Box 361

(c) City, State and ZIP Code
Greenbrae CA 94904

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number
C C00300012

3. Is This Statement ☒ New or ☐ Amended

4. Covering Period 08 / 25 / 2004 through 10 / 28 / 2004

5. (a) Date of Public Distribution(s) 10 / 29 / 2004 **(b) Communication Title** 70 Bis on More

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? 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
Neil Reiff

(b) Address (number and street)
50 E Street, SE Suite 300

(c) City, State and ZIP Code
Washington DC 20003

(d) Name of Employer or Principal Place of Business
Sandler, Reiff & Young, PC

(e) Occupation
Attorney

9. Total Donations This Statement 222500.00

10. Total Disbursements/Obligations This Statement 55122.94

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 Neil Reiff

SIGNATURE [signature] DATE 10/29/2004

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

FEC FORM 9 (REV 01/03)

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