

# 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  
The Media Fund

(b) Address (number and street)  Check if different from previously reported  
888 16th Street NW

(c) City, State and ZIP Code  
Washington, DC 20006

(d) Name of Employer or Principal Place of Business  
N/A

(e) Occupation  
N/A

2. FEC Identification Number  
025/A

3. Is This Statement  New or  Amended

4. Covering Period  
From 09/01/04 to 09/14/04

5. (a) Date of Public Distribution(s) 09/01/04 (b) Communication Title 2004

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  
Eric Smith

(b) Address (number and street)  
888 16th Street NW

(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

9. Total Donations This Statement 9.00

10. Total Disbursements/Obligations This Statement 154290.37

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 [Signature] DATE 9-15-04

NOTE: Submission of false, inaccurate or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. § 587g

PERSONAL USE

FEC FORM 9 (REV. 8/2003)

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)  
888 16th Street NW

(c) City, State and ZIP Code  
Washington, DC 20006

(d) Name of Employer or Principal Place of Business  
The Media Fund

(e) Occupation  
President

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**

A. Full Name of Donor

No contributions this period

Mailing Address of Donor

City State Zip

Date of Receipt

Month Day Year

Amount

Amount

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Month Day Year

Amount

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Month Day Year

Amount

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Month Day Year

Amount

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Month Day Year

Amount

Amount

SUBTOTAL of Donations This Page (optional)

TOTAL This Period (see page this line number only)

(copy total from last page to Line 9)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

**A. Full Name (Last, First, Middle Initial) of Payee**  
Radio One

**Writing Address of Payee**  
5900 PRINCESS GARDEN PKWY 7TH FLOOR

**City** \_\_\_\_\_ **State** MD **Zip Code** 20706

**City** Larchmont

**Name of Employer** \_\_\_\_\_ **Occupation** N/A

**Date of Disbursement or Obligation**  
09 15 2004

**Amount**  
7754.20

**Communication Date**  
09 15 2004

Purpose of Disbursement (including date) or communication(s)  
Radio Ads 09/14/04-09/21/04 NCLB; Has a Plan; Factory Jobs; Lesser of two evils

**Name of Federal Candidate** George W. Bush

**Office Sought:**  House  Senate  President

**State:** N.C. **District:** \_\_\_\_\_

**Disbursement/Obligation For:**  Primary  General  Other (specify) \_\_\_\_\_

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**Name of Federal Candidate** \_\_\_\_\_

**Office Sought:**  House  Senate  President

**State:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Disbursement/Obligation For:**  Primary  General  Other (specify) \_\_\_\_\_

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**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**  
NBC

**Writing Address of Payee**  
400 FOREST ST NW

**City** \_\_\_\_\_ **State** GA **Zip Code** 30318

**City** Atlanta

**Name of Employer** \_\_\_\_\_ **Occupation** N/A

**Date of Disbursement or Obligation**  
09 23 2004

**Amount**  
12387.50

**Communication Date**  
09 23 2004

Purpose of Disbursement (including date) or communication(s)  
Radio Ads 09/14/04-09/21/04 NCLB; Has a Plan; Factory Jobs; Lesser of two evils; A

**Name of Federal Candidate** George W. Bush

**Office Sought:**  House  Senate  President

**State:** N.C. **District:** \_\_\_\_\_

**Disbursement/Obligation For:**  Primary  General  Other (specify) \_\_\_\_\_

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**Name of Federal Candidate** \_\_\_\_\_

**Office Sought:**  House  Senate  President

**State:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Disbursement/Obligation For:**  Primary  General  Other (specify) \_\_\_\_\_

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**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 Form (last page this line number only)** \_\_\_\_\_  
(carry over from last page to Line 10)

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

**A. Full Name (Last, First, Middle Initial) of Payee**  
American Workday Radio Network

**Mailing Address of Payee**  
560 Penn #200

**City** Pittsburgh **State** PA **Zip Code** 15222

**Name of Employer** N/A

**Date of Disbursement or Obligation** 09/13/2004

**Amount** 15183.87

**Contribution Date** 09/13/2004

**Purpose of Disbursement (including title(s) of communication(s))**  
Radio Ads 09/14/04-09/21/04 NCLB: Was a Plan; Factory Jobs; Lesser of two evils

<b>Name of Federal Candidate</b> George W. Bush	<b>Office Sought</b> President	<b>House</b> <input checked="" type="checkbox"/> <b>Senate</b> <input type="checkbox"/>	<b>State</b> MA <b>District</b> 12	<b>Disbursement/Obligation For</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>House</b> <input type="checkbox"/> <b>Senate</b> <input type="checkbox"/>	<b>State</b> <input type="checkbox"/> <b>District</b> <input type="checkbox"/>	<b>Disbursement/Obligation For</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>House</b> <input type="checkbox"/> <b>Senate</b> <input type="checkbox"/>	<b>State</b> <input type="checkbox"/> <b>District</b> <input type="checkbox"/>	<b>Disbursement/Obligation For</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

**B. Full Name (Last, First, Middle Initial) of Payee**  
Black Entertainment Television

**Mailing Address of Payee**  
P.O. Box 31026

**City** Newark **State** NJ **Zip Code** 07138

**Name of Employer** N/A

**Date of Disbursement or Obligation** 09/13/2004

**Amount** 63085.00

**Contribution Date** 09/13/2004

**Purpose of Disbursement (including title(s) of communication(s))**  
Radio Ads 09/14/04-09/21/04 NCLB: Was a Plan; Factory Jobs; Lesser of two evils

<b>Name of Federal Candidate</b> George W. Bush	<b>Office Sought</b> President	<b>House</b> <input checked="" type="checkbox"/> <b>Senate</b> <input type="checkbox"/>	<b>State</b> MA <b>District</b> 12	<b>Disbursement/Obligation For</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>House</b> <input type="checkbox"/> <b>Senate</b> <input type="checkbox"/>	<b>State</b> <input type="checkbox"/> <b>District</b> <input type="checkbox"/>	<b>Disbursement/Obligation For</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b>	<b>Office Sought</b>	<b>House</b> <input type="checkbox"/> <b>Senate</b> <input type="checkbox"/>	<b>State</b> <input type="checkbox"/> <b>District</b> <input type="checkbox"/>	<b>Disbursement/Obligation For</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

**SUBTOTAL of Disbursements/Obligations This Page (optional)** 184271.27

**TOTAL This Period (see page this use number only)**  
(copy 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.

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N/A  
 PREPARER

N/A  
 DATE PREPARED

(5/2004)