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

2. FEC Identification Number
C N/A

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

(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 / 14 / 2004 through 10 / 28 / 2004

5. (a) Date of Public Distribution(s) 10 / 18 / 2004 (b) Communication Title Growing Up/Difference

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 2000000.00

10. Total Disbursements/Obligations This Statement 177025.00

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 [signature] DATE 10/28/04

NOTE: Falsification of false, fictitious or fraudulent 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
Jonathan Prince
(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
Chairman/Executive Director

B. (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

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
Herb Sandler
Mailing Address of Donor
1901 Harrison Street
City: Oakland State: CA Zip: 94612
Date of Receipt: 10 / 15 / 2004
Amount: 1000000 00

B. Full Name of Donor
Marion Sandler
Mailing Address of Donor
1901 Harrison Street
City: Oakland State: CA Zip: 94612
Date of Receipt: 10 / 15 / 2004
Amount: 1000000 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) ..... ▶

TOTAL This Period (last page this line number only) ..... ▶ 2000000 00
(carry 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: 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 / 18 / 2004

Amount: 86480.09

Communication Date: 10 / 18 / 2004

Purpose of Disbursement (including title(s) of communication(s)): TV AD: 10/18 - 11/01 - Growing Up

Name of Federal Candidate: Tom Coburn | Office Sought: [ ] House [x] Senate [ ] President | State: OK | 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) ▶

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 / 18 / 2004

Amount: 8519.91

Communication Date: 10 / 18 / 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: OK | 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 [x] 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 / 18 / 2004

Amount: 83088.48

Communication Date: 10 / 18 / 2004

Purpose of Disbursement (including title(s) of communication(s))
TV AD: 10/18 - 11/01 - Difference

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

Name of Federal Candidate: Tony Knowles | Office Sought: [ ] House [X] Senate [ ] President | State: AK | 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 / 18 / 2004

Amount: 1936.52

Communication Date: 10 / 18 / 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: AK | 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) ..... ▶ 177023.00
(carry total from last page to Line 11)

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)