202-219-0174

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 4005

(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 / 19 / 2004 through 10 / 19 / 2004

5. (a) Date of Public Distribution(s) 10 / 19 / 2004 (b) Communication Title Way

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 0.00

10. Total Disbursements/Obligations This Statement $77340.00

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 10/20/04

NOTE: Submission of false, erroneous or incomplete 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

No Contributions This Period

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

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) ▶
(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: Ad Crafters

Mailing Address of Payee: 532 Laguardia Place, #201

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

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

Date of Disbursement or Obligation: 10 / 19 / 2004

Amount: 520202.90

Communication Date: 10 / 19 / 2004

Purpose of Disbursement (including title(s) of communication(s)): TV AD: 10/19 - 10/31 - Why

Name of Federal Candidate: Jim DeMint | Office Sought: [ ] House [x] Senate [ ] President | State: SC | 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: Ad Crafters

Mailing Address of Payee: 532 Laguardia Place, #201

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

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

Date of Disbursement or Obligation: 10 / 19 / 2004

Amount: 12237.19

Communication Date: 10 / 19 / 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: SC | 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: Ad Crafters

Mailing Address of Payee: 532 Laguardia Place, #201

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

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

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

Date of Disbursement or Obligation: 10 / 15 / 2004

Amount: 44900 00

Communication Date: 10 / 15 / 2004

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

Mailing Address of Payee

City | State | Zip Code

Name of Employer | Occupation

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

Date of Disbursement or Obligation:

Amount:

Communication Date:

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) ▶ 577340 00
(carry total from last page to Line 19)

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FEC FORM 9 (REV. 02/2003)

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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PREPARER

N/A
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