

Fax Cover Sheet

FROM: Progress for America Voter Fund
Ralph R. Brown, Secretary

TO: Federal Election Commission
Fax: (202) 219-0174

DATE: September 23, 2004

PAGES: 6 (including fax cover sheet)

The following is being transmitted by facsimile by the required due date:

Progress for America Voter Fund FEC Form 9

For the period from September 22, 2004, through September 22, 2004. This report covers only one day.

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: Program for America Voter Fund

(b) Address (number and street): check if different than previously reported
P.O. Box 57167

(c) City, State and ZIP Code: Washington, DC 20037

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

(e) Occupation: N/A

2. FED Identification Number: C N/A

3. Is This Statement New or Amended

4. Covering Period: From 09/22/2004 through 09/22/2004

5. (a) Date of Public Distribution(s): 09/22/2004 (b) Communication Title: "Surfer Dude"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.502? 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: Mary Anne Carter

(b) Address (number and street): P.O. Box 57167

(c) City, State and ZIP Code: Washington, DC 20037

(d) Name of Employer or Principal Place of Business: MAC Research

(e) Occupation: Consultant

9. Total Donations This Statement: 25000000

10. Total Disbursements/Obligations This Statement: 24172758

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: Ralph R. Brown, Secretary

SIGNATURE: *Ralph R. Brown* DATE: 09/23/2004

NOTE: Submission of false, deceptive or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. § 4373.

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

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11. Person(s) Sharing/Exercising Control

A. (a) Name Brian McCabe	
(b) Address (number and street) P.O. Box 57167	
(c) City, State and ZIP Code Washington, DC 20037	
(d) Name of Employer or Principal Place of Business DCI Group, L.L.C.	(e) Occupation Partner
B. (a) Name Mary Anne Carter	
(b) Address (number and street) P.O. Box 57167	
(c) City, State and ZIP Code Washington, DC 20037	
(d) Name of Employer or Principal Place of Business MAC Research	(e) Occupation Consultant
C. (a) Name Ralph R. Brown	
(b) Address (number and street) P.O. Box 57167	
(c) City, State and ZIP Code Washington, DC 20037	
(d) Name of Employer or Principal Place of Business McDonald, Brown & Fagen	(e) Occupation Attorney
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

PAGE 3 OF 5

A. Full Name of Donor
 Ronald Conway
 Mailing Address of Donor
 101 Jefferson Drive
 City State Zip
 Menlo Park CA 94025

Date of Receipt
 09 22 2004
 Amount
 25,000.00

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 (continued)
 TOTAL This Period (last page this line number only)
 (carry total from last page to Line 4)

25,000.00
 25,000.00

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payor MSNBC				Date of Disbursement or Obligation 09 20 2004	
Mailing Address of Payor MSNBC Plaza				Amount \$ 4,744,878.00	
City Secaucus	State NJ	Zip Code 07094		Communication Date 09 22 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising Time [09/22 - 09/28] "Surfer Dude"					
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/>	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State all 50 states	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/>	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State all 50 states	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payor FOX NEWS				Date of Disbursement or Obligation 09 20 2004	
Mailing Address of Payor 1211 Avenue of the Americas				Amount \$ 9,392,923	
City New York	State NY	Zip Code 10036		Communication Date 09 22 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Advertising Time [09/22 - 09/28] "Surfer Dude"					
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/>	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State all 50 states	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate Sen. John Kerry	Office Sought <input checked="" type="checkbox"/>	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State all 50 states	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State District	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (optional)				18,141,705	
TOTAL This Period (last page 9115 line number only) (carry total from last page to Line 10)				18,141,705	

SCHEDULE 3-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee CNN		Date of Disbursement or Obligation 09 / 20 / 2004	
Mailing Address of Payee One CNN Center		Amount 70,254.20	
City Atlanta	State GA	Zip Code 30303	Communication Date 09 / 22 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title) of communication(s) TV Advertising Time (09/22 - 09/28) "Surfer Dude"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State all 50 states	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate Sen. John Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State all 50 states	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate N/A	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
B. Full Name (Last, First, Middle Initial) of Payor Mentzer Media Services, Inc.		Date of Disbursement or Obligation 09 / 20 / 2004	
Mailing Address of Payor 600 Piedmont Avenue, Suite 306		Amount 30,056.33	
City Towson	State MD	Zip Code 21286	Communication Date 09 / 22 / 2004
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (including title) of communication(s) Media Placement Fee - TV Ad - "Surfer Dude"			
Name of Federal Candidate Pres. George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State all 50 states	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate Sen. John Kerry	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State all 50 states	Disbursement/Obligation For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate N/A	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State _____ District _____	Disbursement/Obligation For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
SUBTOTAL of Disbursement/Obligations This Page (optional)		100,310.53	
TOTAL This Period (see page 10 for the number only) (carry total from last page to line 10)		241,722.53	

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED