

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursements/Obligations

(a) Name
The Media Fund

(b) Address (number and street) Check if different than previously reported
638 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
C N/A

3. Is This Statement New or Amended

4. Covering Period
10/12/2004 through 10/14/2004

5. (a) Date of Public Distribution(a) 10/14/2004 **(b) Communication Title** Pooled

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107? 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
Errik Smith

(b) Address (number and street)
638 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

9. Total Donations This Statement \$ 00

10. Total Disbursements/Obligations This Statement 22271.33

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 Errik Smith

SIGNATURE _____ DATE _____

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)

PAGE 1 OF 1

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

<p>A. Full Name of Donor No Contributions this Period</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	
<p>TOTAL This Period (omit page this line number only) ▶ (carry total from last page to Line 5)</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WLOX-TV				Date of Disbursement or Obligation 10 12 2004	
Mailing Address of Payee 787 Lombardi Ave				Amount 2605.25	
City Green Bay	State WI	Zip Code 54304		Communication Date 09 14 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Ad "Pooled" 10/14/2004-10/17/2004					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State WI	District -----	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) >	
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 Payee WGRA-TV				Date of Disbursement or Obligation 10 12 2004	
Mailing Address of Payee 1591 North Rd				Amount 5622.75	
City Green Bay	State WI	Zip Code 54313		Communication Date 10 14 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Ad "Pooled" 10/14/2004-10/17/2004					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State WI	District -----	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) >	
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)					
TOTAL This Period (add page 02A line number only) (carry total from this page to Line 10)					

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee WFRV-TV				Date of Disbursement or Obligation 10 12 2004	
Mailing Address of Payee 1181 E Mason St				Amount 7611.75	
City Green Bay	State WI	Zip Code 54301	Communication Date 02 14 2004		
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Ad "Poled" 10/14/2004-10/17/2004					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State WI	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:		
B. Full Name (Last, First, Middle Initial) of Payee WISN-TV				Date of Disbursement or Obligation 10 12 2004	
Mailing Address of Payee 1001 Kennedy Ave				Amount 5159.50	
City Green Bay	State WI	Zip Code 54301	Communication Date 10 14 2004		
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Ad "Poled" 10/14/2004-10/17/2004					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State WI	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:		
Name of Federal Candidate	Office Sought	State	Disbursement/Obligation For:		
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (copy 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 Time Warner-Green Bay				Date of Disbursement or Obligation 10 13 2004	
Mailing Address of Payee 1001 Kennedy Ave				Amount 782.00	
City Kimberly	State WI	Zip Code 54136		Communication Date 08 24 2004	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) TV Ad "Fooled" 10/14/2004-10/17/2004					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	State WI	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
B. Full Name (Last, First, Middle Initial) of Payee Media Strategies & Research					
Mailing Address of Payee 1580 Lincoln Street #510				Date of Disbursement or Obligation 10 12 2004	
City Denver	State CO	Zip Code 80202		Amount 480.00	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) Commission on TV Ad "Fooled" 10/14/2004-10/17/2004					
Name of Federal Candidate George W. Bush	Office Sought <input checked="" type="checkbox"/> President	House <input type="checkbox"/> Senate	State WI	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry 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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<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
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A
 PREPARER
 (5/2004)

N/A
 DATE PREPARED