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**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

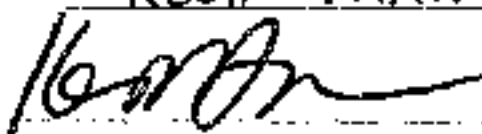
1. NAME OF COMMITTEE (in full) **MATTEL INC. POLITICAL ACTION COMMITTEE** TYPE OR PRINT **12FE4M5**  
Example: If typing, type over the line.

ADDRESS (number and street) **333 CONTINENTAL BLVD**  
Check if different than previously reported. (ACC) **EL SEGUNDO CA 90245-5012**

2. FEC IDENTIFICATION NUMBER **C00340224** CITY STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
October 15 Quarterly Report (Q3)  
January 31 Year-End Report (YE)  
Termination Report (TER)  
(b) 12-Day PRE-Election Report for the:  
Primary (12P) General (12G) Runoff (12R)  
Convention (12C) Special (12S)  
Election on M M M D D Y Y Y Y In the State of  
(c) 30-Day POST-Election Report for the:  
General (30G) Runoff (30R) Special (30S)  
Election on M M M D D Y Y Y Y In the State of

5. Covering Period **04 01 2004** through **06 30 2004**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer **KEVIN FARR**  
Signature of Treasurer  Date **07 13 2004**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

MATTEL INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

04 01 2004

To:

06 30 2004

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
5. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	24,224.84	9,224.00
(b) Total Contribution Refunds (from Line 20(d)) .....	-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	1,000.00	1,000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	-0-	-0-
(b) Total Offsets to Operating Expenditures (from Line 14) .....	-0-	-0-
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	-0-	-0-
8. Cash on Hand at Close of Reporting Period (from Line 27) .....		
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....	-0-	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) .....	-0-	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

MATTEL INC. POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

04 01 2004

To:

06 30 2004

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21,691.86	
(ii) Unitemized.....	2,532.98	
(iii) TOTAL of contributions from individuals ▶		
(b) Political Party Committees.....	-0-	
(c) Other Political Committees (such as PACs).....	-0-	
(d) The Candidate.....	-0-	
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(i), (b), (c), and (d))..		
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>		
	-0-	-0-
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	-0-	-0-
(b) All Other Loans.....	-0-	-0-
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	-0-	-0-
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>		
	-0-	-0-
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>		
	-0-	-0-
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	<b>24,224.84</b>	<b>30,922.40</b>

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	-0-	-0-
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	-0-	-0-
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	-0-	-0-
(b) Of All Other Loans.....	-0-	-0-
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	-0-	-0-
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	-0-	-0-
(b) Political Party Committees.....	-0-	-0-
(c) Other Political Committees (such as PACs).....	-0-	-0-
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	-0-	-0-
21. OTHER DISBURSEMENTS.....	1,000.00	1,000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1,000.00	1,000.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	94,779.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	24,224.84
25. SUBTOTAL (add Line 23 and Line 24).....	119,004.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1,000.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	118,004.69

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)  
**MATTEL, INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. FARR, KEVIN</b>		Date of Receipt M O N T H D A Y Y Y
Mailing Address <b>734 ESPINADE #1</b>		
City <b>REDONDO BEACH</b>	State <b>CA</b>	Zip Code <b>90277</b>
FEC ID number of contributing federal political committee. <b>C00340224</b>		Amount of Each Receipt this Period <b>1,050.00</b> <i>(* bi-weekly payroll deduction)</i>
Name of Employer <b>MATTEL, INC.</b>	Occupation <b>CFO.</b>	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)(441a-1))
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. FRIEDMAN, NEIL</b>		Date of Receipt M O N T H D A Y Y Y
Mailing Address <b>6310 GIRARD</b>		
City <b>EAST AURORA</b>	State <b>NY</b>	Zip Code <b>14052</b>
FEC ID number of contributing federal political committee. <b>C00340224</b>		Amount of Each Receipt this Period <b>1,200.00</b> <i>(*200 bi-weekly payroll deduction)</i>
Name of Employer <b>MATTEL, INC.</b>	Occupation <b>PRESIDENT</b>	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)(441a-1))
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. KAYE, ALAN</b>		Date of Receipt M O N T H D A Y Y Y
Mailing Address <b>1953 PORT CLARIDGE DR.</b>		
City <b>NEWPORT BEACH</b>	State <b>CA</b>	Zip Code <b>92660</b>
FEC ID number of contributing federal political committee. <b>C00340224</b>		Amount of Each Receipt this Period <b>300.00</b> <i>(*50 bi-weekly payroll deduction)</i>
Name of Employer <b>MATTEL, INC.</b>	Occupation <b>SENIOR VP</b>	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)(441a-1))
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<b>2,550.00</b>
TOTAL This Period (last page this line number only).....▶	<b>24,224.84</b>

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE	OF
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (in Full)  
**MATTEL, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>WILKES, JUDY</b>		Date of Receipt M M : O O . Y Y Y Y
Mailing Address <b>29 MONTECALA PLAZA</b>		Amount of Each Receipt this Period <b>291.36</b>
City <b>PALOS VERDES ESTATES CT</b>	State Zip Code <b>06274</b>	
FEC ID number of contributing federal political committee. <b>C00340224</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)(4)41a-1)
Name of Employer <b>MATTEL, INC</b>	Occupation <b>SENIOR VP</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>ALLEN, BRYAN</b>		Date of Receipt M M : O O . Y Y Y Y
Mailing Address <b>118 OHIO TRAIL NORTH</b>		Amount of Each Receipt this Period <b>300.00</b>
City <b>MEDFORD</b>	State Zip Code <b>NJ 08055</b>	
FEC ID number of contributing federal political committee. <b>C00340224</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)(4)41a-1)
Name of Employer <b>MATTEL, INC</b>	Occupation <b>SENIOR VP</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>CRISTINA, JOSEPH</b>		Date of Receipt M M : O O . Y Y Y Y
Mailing Address <b>63 ARDORNE AVE</b>		Amount of Each Receipt this Period <b>259.62</b> <i>(43.27 bi-weekly payroll deduction)</i>
City <b>LONG BEACH</b>	State Zip Code <b>CA 90803</b>	
FEC ID number of contributing federal political committee. <b>C00340224</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)(4)41a-1)
Name of Employer <b>MATTEL, INC.</b>	Occupation <b>VP</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<b>850.98</b>
TOTAL This Period (last page this line number only).....▶	<b>2422484</b>

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MATTEL, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. SULLIVAN, MARK</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address <b>1707 MATTHEWS</b>		Amount of Each Receipt this Period <b>418.26</b>
City <b>MANHATTAN BEACH CA</b>	State Zip Code <b>90266</b>	
FEC ID number of contributing federal political committee. <b>C00340224</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)
Name of Employer <b>MATTEL, INC.</b>	Occupation <b>SUP</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. KEEFER, TOM</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address <b>333 CONTINENTAL BLVD.</b>		Amount of Each Receipt this Period <b>237.12</b>
City <b>EL SEGUNDO CA</b>	State Zip Code <b>90245</b>	
FEC ID number of contributing federal political committee. <b>C00340224</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)
Name of Employer <b>MATTEL, INC</b>	Occupation <b>UP</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. MARANTO, FRANK</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address <b>3665 FL</b>		Amount of Each Receipt this Period <b>286.50</b>
City <b>THOUSAND OAKS CA</b>	State Zip Code <b>91360</b>	
FEC ID number of contributing federal political committee. <b>C00340224</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)
Name of Employer <b>MATTEL, INC</b>	Occupation <b>UP</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<b>741.88</b>
TOTAL This Period (last page this line number only).....▶	<b>2422.84</b>

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE	OF
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MATTEL INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DOUGLAS, DIANNE</b>		Date of Receipt M M . D D . Y Y Y Y
Mailing Address <b>333 Continental Blvd.</b>		Amount of Each Receipt This Period <b>300.00</b>
City <b>El Segundo</b>	State Zip Code <b>CA 90245</b>	
FEC ID number of contributing federal political committee. <b>C00340224</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)
Name of Employer <b>MATTEL, INC.</b>	Occupation <b>SUP</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. HANDY, JOHN</b>		Date of Receipt M M . D D . Y Y Y Y
Mailing Address <b>3812 WESTON PL</b>		Amount of Each Receipt this Period <b>238.48</b>
City <b>Long Beach</b>	State Zip Code <b>CA 90807</b>	
FEC ID number of contributing federal political committee. <b>C00340224</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)
Name of Employer <b>MATTEL, INC.</b>	Occupation <b>SUP</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. SADIGH, MANDANA</b>		Date of Receipt M M . D D . Y Y Y Y
Mailing Address <b>333 Continental Blvd.</b>		Amount of Each Receipt this Period <b>470.00</b>
City <b>El Segundo</b>	State Zip Code <b>CA 90245</b>	
FEC ID number of contributing federal political committee. <b>C00340224</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)
Name of Employer <b>MATTEL, INC.</b>	Occupation <b>SUP</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>778.48</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2422.48</b>



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**MATTEL, INC. POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**BONDIOJANNI, LISA MARIE**

Mailing Address  
**333 Continental Blvd.**

City **El Segundo** State **CA** Zip Code **90245**

FEC ID number of contributing federal political committee. **C00340224**

Name of Employer **MATTEL, INC** Occupation **VP**

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

Date of Receipt **06 06 2004**

Amount of Each Receipt this Period  
**250.00**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
**STOCKTON, BRYAN**

Mailing Address  
**333 Continental Blvd.**

City **El Segundo** State **CA** Zip Code **90245**

FEC ID number of contributing federal political committee. **C00340224**

Name of Employer **MATTEL, INC.** Occupation **EXEC. VP**

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

Date of Receipt **05 12 2004**

Amount of Each Receipt this Period  
**1,000.00**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
**DEBROWSKI, TOM**

Mailing Address  
**333 Continental Blvd.**

City **El Segundo** State **CA** Zip Code **90245**

FEC ID number of contributing federal political committee. **C00340224**

Name of Employer **MATTEL, INC.** Occupation

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date

Date of Receipt **05 07 2004**

Amount of Each Receipt this Period  
**2,500.00**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... **3,750.00**

**TOTAL** This Period (last page this line number only) ..... **24,224.84**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**MATTEL, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ECKERT, ROBERT</b>		Date of Receipt <b>04'25'2004</b>
Mailing Address <b>333 Continental Blvd.</b>		Amount of Each Receipt this Period <b>5000.00</b>
City <b>El Segundo</b>	State <b>CA</b>	
Zip Code <b>90245</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)
FEC ID number of contributing federal political committee. <b>C00340224</b>		
Name of Employer <b>MATTEL, INC.</b>	Occupation <b>CEO</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. NORMILE, BOB</b>		Date of Receipt <b>04'20'2004</b>
Mailing Address <b>333 Continental Blvd.</b>		Amount of Each Receipt this Period <b>1,000.00</b>
City <b>El Segundo</b>	State <b>CA</b>	
Zip Code <b>90245</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)
FEC ID number of contributing federal political committee. <b>C00340224</b>		
Name of Employer <b>MATTEL, INC.</b>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. NALL, BOB</b>		Date of Receipt <b>04'20'2004</b>
Mailing Address <b>333 Continental</b>		Amount of Each Receipt this Period <b>203.94</b>
City <b>El Segundo</b>	State <b>CA</b>	
Zip Code <b>90245</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)
FEC ID number of contributing federal political committee. <b>C00340224</b>		
Name of Employer <b>MATTEL, INC.</b>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<b>6,203.94</b>
TOTAL This Period (last page this line number only).....▶	<b>24,224.84</b>

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 13c	<input type="checkbox"/> 13d	<input type="checkbox"/> 13e

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NAME OF COMMITTEE (In Full)  
**MATTEL, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BOUSQUETTE, MATTHEW</b>		Date of Receipt <b>05/22/2004</b>
Mailing Address <b>333 Continental Blvd.</b>		Amount of Each Receipt this Period <b>5,008.00</b>
City <b>El Segundo</b>	State <b>CA</b>	
Zip Code <b>90245</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a)(441a-1)
FEC ID number of contributing federal political committee. <b>C00340224</b>		
Name of Employer <b>MATTEL, INC</b>	Occupation <b>President</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. BROTHERS, ELEN</b>		Date of Receipt <b>05/22/2004</b>
Mailing Address <b>1225 N. WESTFIELD</b>		Amount of Each Receipt this Period <b>1,000.00</b>
City <b>MADISON</b>	State <b>WI</b>	
Zip Code <b>53712</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a)(441a-1)
FEC ID number of contributing federal political committee. <b>C00340224</b>		
Name of Employer <b>MATTEL INC</b>	Occupation <b>PRESIDENT</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. WHITE, CURT</b>		Date of Receipt <b>05/22/2004</b>
Mailing Address <b>333 Continental Blvd</b>		Amount of Each Receipt this Period <b>200.00</b>
City <b>El Segundo</b>	State <b>CA</b>	
Zip Code <b>90245</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a)(441a-1)
FEC ID number of contributing federal political committee. <b>C00340224</b>		
Name of Employer <b>MATTEL, INC</b>	Occupation <b>SVP</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<b>6,200.00</b>
TOTAL This Period (last page this line number only).....▶	<b>24,224.84</b>

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE	OF
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full):  
**MATTEL INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. GOODMAN, SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address <b>333 Continental Blvd</b>		Amount of Each Receipt this Period <b>210.49</b>
City <b>El Segundo</b>	State Zip Code <b>CA 90245</b>	
FEC ID number of contributing federal political committee. <b>C 00340224</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <b>MATTEL INC</b>	Occupation <b>SUP</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. GREG STEFANICK</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address <b>333 Continental Blvd.</b>		Amount of Each Receipt this Period <b>206.09</b>
City <b>El Segundo</b>	State Zip Code <b>CA 90245</b>	
FEC ID number of contributing federal political committee. <b>C 00340224</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <b>MATTEL INC</b>	Occupation <b>SUP</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional)	<b>416.58</b>
<b>TOTAL</b> This Period (last page this line number only)	<b>24,228.84</b>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**MATTEL, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MIKE GORDON</b>		Date of Disbursement <b>05 13 2004</b>
Mailing Address		Amount of Each Disbursement this Period <b>1,000.00</b>
City	State Zip Code	
Purpose of Disbursement <b>Comm ID # 1252136</b>		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>MIKE GORDON</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶
TOTAL This Period (last page this line number only)	▶

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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>DHL</i>	Shipping Date <i>7-14-04</i>
<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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>ga</i> PREPARER	<i>7-15-04</i> DATE PREPARED

(5/2004)

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