

# DSCC

## Fax Transmittal Cover Sheet

Date: 10/06/2004

To: Federal Elections Commission

From: Paul Johnson  
318-868-3348

Total Pages Including Cover: 3

Attached please find Schedule E of FEC Form 3X.

Thank You.

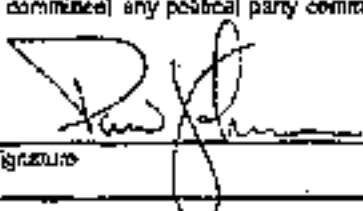
**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1 OF 2  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                           |                             |                                                                                                                                             |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| NAME OF COMMITTEE (in full)<br><b>Democratic Senatorial Campaign Committee</b>                                                                                                                                                                                                                                                                            |                             | FEC IDENTIFICATION NUMBER<br><b>000042366</b>                                                                                               |                    |
| Check 1 <input type="checkbox"/> 24-hour notice <input checked="" type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                        |                             |                                                                                                                                             |                    |
| Full Name (Last, First, Middle Initial) of Payee<br><b>Great American Media</b>                                                                                                                                                                                                                                                                           |                             | Date<br><b>10/04/2004</b>                                                                                                                   |                    |
| Mailing Address<br><b>1010 Wisconsin Ave. NW #800</b>                                                                                                                                                                                                                                                                                                     |                             | Amount<br><b>438,567.83</b>                                                                                                                 |                    |
| City<br><b>Washington, DC</b>                                                                                                                                                                                                                                                                                                                             | State<br><b>DC</b>          | Zip Code<br><b>20007</b>                                                                                                                    |                    |
| Purpose of Expenditure<br><b>Advertising</b>                                                                                                                                                                                                                                                                                                              | Category Type<br><b>004</b> | Office Sought<br><input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President               | State<br><b>DC</b> |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Salazar - Coors</b>                                                                                                                                                                                                                                                                  |                             | Check One: <input checked="" type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                           |                    |
| Calendar Year-to-Date Per Section for Office Sought<br><b>913,891.08</b>                                                                                                                                                                                                                                                                                  |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                    |
| Full Name (Last, First, Middle Initial) of Payee<br><b>Great American Media</b>                                                                                                                                                                                                                                                                           |                             | Date<br><b>10/05/2004</b>                                                                                                                   |                    |
| Mailing Address<br><b>1010 Wisconsin Ave. NW #800</b>                                                                                                                                                                                                                                                                                                     |                             | Amount<br><b>45,692.50</b>                                                                                                                  |                    |
| City<br><b>Washington, DC</b>                                                                                                                                                                                                                                                                                                                             | State<br><b>DC</b>          | Zip Code<br><b>20007</b>                                                                                                                    |                    |
| Purpose of Expenditure<br><b>Advertising</b>                                                                                                                                                                                                                                                                                                              | Category Type<br><b>004</b> | Office Sought<br><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               | State<br><b>SC</b> |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Tennabrum - DeMint</b>                                                                                                                                                                                                                                                               |                             | Check One: <input checked="" type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                           |                    |
| Calendar Year-to-Date Per Section for Office Sought<br><b>203,889.31</b>                                                                                                                                                                                                                                                                                  |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): |                    |
| (a) SUBTOTAL of Itemized Independent Expenditures                                                                                                                                                                                                                                                                                                         |                             | <b>895,492.85</b>                                                                                                                           |                    |
| (b) SUBTOTAL of Unitemized Independent Expenditures                                                                                                                                                                                                                                                                                                       |                             |                                                                                                                                             |                    |
| (c) TOTAL Independent Expenditures                                                                                                                                                                                                                                                                                                                        |                             |                                                                                                                                             |                    |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either or of the reporting entity is not a political party committee) any political party committee or its agent. |                             |                                                                                                                                             |                    |
| Signature<br>                                                                                                                                                                                                                                                                                                                                             |                             | Date<br><b>10/05/2004</b>                                                                                                                   |                    |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2 OF 2  
 FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (in full):<br><u>Democratic Senatorial Campaign Committee</u>                                                                                                                                                                                                                                                                            |  | FEC IDENTIFICATION NUMBER:<br><u>C00042366</u>                                                                                                                                                                                   |  |
| Check <input type="checkbox"/> 24-hour notice <input checked="" type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                  |  |
| Full Name (Last, First, Middle Initial) of Payee:<br><u>Buving Time, LLC</u>                                                                                                                                                                                                                                                                               |  | Date:<br><u>7.0</u> <u>09</u> <u>2004</u>                                                                                                                                                                                        |  |
| Mailing Address:<br><u>2715 M Street, NW Ste. 400</u>                                                                                                                                                                                                                                                                                                      |  | Amount:<br><u>37,452.46</u>                                                                                                                                                                                                      |  |
| City: <u>Washington DC</u> State: <u>DC</u> Zip Code: <u>20007</u>                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                  |  |
| Purpose of Expenditure:<br><u>Advertising</u>                                                                                                                                                                                                                                                                                                              |  | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Check One: <input checked="" type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><u>Bowles - Burr</u>                                                                                                                                                                                                                                                                     |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                      |  |
| Calendar Year-To-Date Per Election for Office Sought: <u>37,452.46</u>                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                  |  |
| Full Name (Last, First, Middle Initial) of Payee:                                                                                                                                                                                                                                                                                                          |  | Date:                                                                                                                                                                                                                            |  |
| Mailing Address:                                                                                                                                                                                                                                                                                                                                           |  | Amount:                                                                                                                                                                                                                          |  |
| City: State: Zip Code:                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                  |  |
| Purpose of Expenditure:                                                                                                                                                                                                                                                                                                                                    |  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                  |  |
| Name of Federal Candidate Supported or Opposed by Expenditure:                                                                                                                                                                                                                                                                                             |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                                                 |  |
| Calendar Year-To-Date Per Election for Office Sought:                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures                                                                                                                                                                                                                                                                                                          |  | <u>37,452.46</u>                                                                                                                                                                                                                 |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                  |  |
| (c) TOTAL Independent Expenditures                                                                                                                                                                                                                                                                                                                         |  | <u>127,001.74</u>                                                                                                                                                                                                                |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or if the reporting entity is not a political party committee, any political party committee or its agent. |  |                                                                                                                                                                                                                                  |  |
| <br>Signature                                                                                                                                                                                                                                                           |  | Date: <u>10</u> <u>05</u> <u>2004</u>                                                                                                                                                                                            |  |

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<br>PREPARER                                                                                                                                                                                                                                      | N/A<br>DATE PREPARED          |