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: Safer Together 04

(b) Address (number and street) ☐ check if different than previously reported: 4601 Connecticut Avenue NW #221

(c) City, State and ZIP Code: Washington DC 20008

(d) Name of Employer or Principal Place of Business: ---

(e) Occupation: ---

2. FEC Identification Number: C30000194

3. Is This Statement New or X Amended

4. Covering Period: 08 20 2004 through 09 15 2004

5. (a) Date of Public Distribution(s): 09 15 2004 (b) Communication Title: "Why Is He There?"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes No X

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No X

8. Custodian of Records

(a) Name: Matthew F. Wood

(b) Address (number and street): 4601 Connecticut Avenue NW #221

(c) City, State and ZIP Code: Washington, DC 20008

(d) Name of Employer or Principal Place of Business: Safer Together 04

(e) Occupation: Secretary/Director

9. Total Donations This Statement: 198 000.00

10. Total Disbursements/Obligations This Statement: 61,022.77

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: Matthew F. Wood

SIGNATURE: M.F. Wood DATE: 11/18/2004

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

FE2AN028.PDF FEC FORM 9 (REV. 03/2003)