

**FOLEY**

FOLEY &amp; LARDNER LLP

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## FACSIMILE TRANSMISSION

Total # of Pages 6 (including this page)

TO:	PHONE #:	FAX #:
Federal Election Commission		202-219-0174

From : Clea Mitchell, Esq.  
 Email Address : cmitchell@foley.com  
 Sender's Direct Dial : 202.295.4081  
 Date : October 28, 2004  
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# 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  
Softer Voices

(b) Address (number and street)  Check if differs from previously reported  
P.O. Box 358E

(c) City, State and ZIP Code  
Washington, DC 20007

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number  
C

3. Is This Statement  New or  Amended

4. Covering Period  
From 10/15/04 through 10/27/04

5. (a) Date of Public Distribution(s) 10/27/04 (b) Communication Title Sign

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? 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  
Clara Mitchell

(b) Address (number and street)  
3000 K Street, N.W.

(c) City, State and ZIP Code  
Washington, DC 20007

(d) Name of Employer or Principal Place of Business  
Foley & Lardner, LLP

(e) Occupation  
Attorney

9. Total Donations This Statement 1,625,000.00

10. Total Disbursements/Obligations This Statement 2,000,000.00

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 Clara Mitchell

SIGNATURE Clara Mitchell DATE 10/28/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this document to the penalties of 18 U.S.C. § 487c.

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

PAGE 2 OF 2

## 11. Person(s) Sharing/Exercising Control:

A. (a) Name Heather Higgins	
(b) Address (number and street) P.O. Box 3588	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business The Randolph Foundation	(e) Occupation President
B. (a) Name Michele Mitola	
(b) Address (number and street) P.O. Box 3588	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business Self William Havels Real Estate and Home Services	(e) Occupation Consultant Realtor
C. (a) Name Midge Decker	
(b) Address (number and street) P.O. Box 3588	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business Self	(e) Occupation Free lance writer
D. (a) Name Lisa Schiffren Mann	
(b) Address (number and street) P.O. Box 3588	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business Self	(e) Occupation Writer/speechwriter
E. (a) Name Nina Rosenwald	
(b) Address (number and street) P.O. Box 3588	
(c) City, State and ZIP Code Washington, DC 20007	
(d) Name of Employer or Principal Place of Business American Securities, LP	(e) Occupation Principal

SCHEDULE 5-A  
Donation(s) Received

<p>A. Full Name of Donor Thomas L. Rhodes</p> <p>Mailing Address of Donor 31 Baynard Park Road</p> <p>City State Zip Hilton Head Island SC 29928</p>	<p>Date of Receipt 10 / 18 / 2004</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor J. Stewart Bryan</p> <p>Mailing Address of Donor 333 E. Franklin Street</p> <p>City State Zip Richmond VA 23219</p>	<p>Date of Receipt 10 / 18 / 2004</p> <p>Amount 2,500.00</p>
<p>C. Full Name of Donor Randy P. Kendrick</p> <p>Mailing Address of Donor 3964 E. Paradise View Drive</p> <p>City State Zip Paradise Valley AZ 85253</p>	<p>Date of Receipt 10 / 21 / 2004</p> <p>Amount 25,000.00</p>
<p>D. Full Name of Donor Paul Singer</p> <p>Mailing Address of Donor 712 Fifth Avenue, 36th Floor</p> <p>City State Zip New York NY 10019</p>	<p>Date of Receipt 10 / 26 / 2004</p> <p>Amount 25,000.00</p>
<p>E. Full Name of Donor John Walton</p> <p>Mailing Address of Donor P.O. Box 1860</p> <p>City State Zip Bentonville, AR 72712</p>	<p>Date of Receipt 10 / 26 / 2004</p> <p>Amount 20,000.00</p>
<p>SUBTOTAL of Donations This Page (optional) _____</p>	
<p>TOTAL This Period (last page this line number only) _____ (copy total from last page to Line #)</p>	

SCHEDULE 9-A  
Donation(s) Received

A. Full Name of Donor  
Foster Preiss

Mailing Address of Donor

P.O. Box 9790  
City State Zip  
Jackson WY 83002

Date of Receipt  
10 26 2004

Amount  
500.00

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

C. Full Name of Donor  
Bruce Kowner

Mailing Address of Donor

500 Park Avenue  
City State Zip  
New York NY 10072

Date of Receipt  
10 27 2004

Amount  
2500.00

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 (optional) ▶

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

162500.00

SCHEDULE 2-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <u>Red Sea, LLC</u>		<b>Date of Disbursement or Obligation</b> <input type="text" value="10"/> <input type="text" value="26"/> <input type="text" value="2004"/>	
<b>Mailing Address of Payee</b> <u>1111 19th Street, N.W.</u>		<b>Amount</b> <input type="text" value="2,175,000.00"/>	
<b>City</b> <u>Washington</u>	<b>State</b> <u>DC</u>	<b>Zip Code</b> <u>20036</u>	<b>Communication Date</b> <input type="text" value="10"/> <input type="text" value="25"/> <input type="text" value="2004"/>
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (including date(s) of communication(s))</b> <u>Purchase Air Time</u>			
<b>Name of Federal Candidate</b> <u>George W. Bush</u>	<b>Office Sought</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) >
<b>Name of Federal Candidate</b> _____	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
<b>Name of Federal Candidate</b> _____	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <u>Red Sea, LLC</u>		<b>Date of Disbursement or Obligation</b> <input type="text" value="10"/> <input type="text" value="27"/> <input type="text" value="2004"/>	
<b>Mailing Address of Payee</b> <u>1111 19th Street, N.W.</u>		<b>Amount</b> <input type="text" value="2,000,000.00"/>	
<b>City</b> <u>Washington</u>	<b>State</b> <u>DC</u>	<b>Zip Code</b> <u>20036</u>	<b>Communication Date</b> <input type="text" value="10"/> <input type="text" value="28"/> <input type="text" value="2004"/>
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (including date(s) of communication(s))</b> <u>Purchase Air Time</u>			
<b>Name of Federal Candidate</b> <u>George W. Bush</u>	<b>Office Sought</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
<b>Name of Federal Candidate</b> _____	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
<b>Name of Federal Candidate</b> _____	<b>Office Sought</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State</b> _____ <b>District</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		<input type="text" value="2,000,000.00"/>	
<b>TOTAL This Period (but page 1 is line number only)</b> (carry total from last page to Line 10)		<input type="text" value="2,000,000.00"/>	

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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