24038532730

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED
FEC MAIL
OPERATIONS CENTER
2004 OCT -7 P 4:44

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
C

3. Is This Statement X New or Amended

4. Covering Period 08 30 2004 through 09 18 2004

5. (a) Date of Public Distribution(s) 09 17 2004 **(b) Communication Title** Hang Tough

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 101,082.47

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 [signature] DATE 09/16/2004

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

FE3AN058.PDF

FEC FORM 9 (REV. 02/2003)

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

11. Person(s) Sharing/Exercising Control

A. (a) Name
James Patrick Coy

(b) Address (number and street)
633 Galtier Street #201

(c) City, State and ZIP Code
St. Paul MN 55103

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

(e) Occupation
President

B. (a) Name
Brian Vogt

(b) Address (number and street)
2828 Connecticut Avenue NW #711

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

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

(e) Occupation
Treasurer

C. (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

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

A. Full Name of Donor: Greg Carr		Date of Receipt: 08 14 2004
Mailing Address of Donor: 975 Memorial Drive, Unit 1000		Amount: $ 5,000.00
City: Cambridge	State: MA	Zip: 02138
B. Full Name of Donor: William Baker		Date of Receipt: 08 23 2004
Mailing Address of Donor: 2501 Smallman Street #2D		Amount: $ 5,000.00
City: Pittsburgh	State: PA	Zip: 15201
C. Full Name of Donor: James P. Cay		Date of Receipt: 08 10 2004
Mailing Address of Donor: 653 Oakview Street #209		Amount: $ 5,000.00
City: St. Paul	State: MN	Zip: 55105
D. Full Name of Donor: Jay Snyder		Date of Receipt: 08 24 2004
Mailing Address of Donor: 1020 Fifth Avenue		Amount: $ 8,000.00
City: New York	State: NY	Zip: 10028
E. Full Name of Donor: Cathy Berry Robins		Date of Receipt: 08 24 2004
Mailing Address of Donor: 251 Borough Road		Amount: $ 5,000.00
City: Canterbury	State: NH	Zip: 03224

SUBTOTAL of Donations This Page (optional) ..... ▶ $ 28,000.00

TOTAL This Period (last page this line number only) ..... ▶ $ -
(carry total from last page to Line 9)

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: Geoffrey Clark	Mailing Address of Donor: 150 Middle Street	Date of Receipt: 08 24 2004
City: Portsmouth	State: NH	Zip: 03801
		Amount: [illegible]
B. Full Name of Donor: Thomas C. Gandale	Mailing Address of Donor: c/o Pibesource & Plimpton, 919 Third Avenue	Date of Receipt: 08 24 2004
City: New York	State: NY	Zip: 10022
		Amount: 1,000.00
C. Full Name of Donor: James P. Coy	Mailing Address of Donor: 613 Cutler Street #201	Date of Receipt: 09 08 2004
City: St Paul	State: MN	Zip: 55103
		Amount: [illegible]
D. Full Name of Donor: Mon Oncary Water Fund	Mailing Address of Donor: 226 San Ave Center #201	Date of Receipt: 09 13 2004
City: Greenbrae	State: CA	Zip: 94904
		Amount: [illegible]
E. Full Name of Donor: Robert D. Tuffe	Mailing Address of Donor: 200 West End Avenue, Apt. 13A	Date of Receipt: 09 13 2004
City: New York	State: NY	Zip: 10023
		Amount: [illegible]

SUBTOTAL of Donations This Page (optional) ..... ▶ [illegible]

TOTAL This Period (last page this line number only) ..... ▶
(carry total from last page to Line 9)

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Blair MacInnes Mailing Address of Donor 26 Old Hunter Road City / State / Zip Morristown NJ 07960	Date of Receipt [illegible] Amount [illegible]
B. Full Name of Donor Mailing Address of Donor City / State / Zip	Date of Receipt Amount
C. Full Name of Donor Mailing Address of Donor City / State / Zip	Date of Receipt Amount
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) ▶ [illegible]

TOTAL This Period (last page this line number only) ▶ [illegible]
(carry total from last page to Line 9)

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: [illegible]

Mailing Address of Payee: [illegible]

City: New York State: NY Zip Code: [illegible]

Name of Employer: Occupation:

Date of Disbursement or Obligation: [illegible]

Amount: [illegible]

Communication Date: [illegible]

Purpose of Disbursement (including title(s) of communication(s)): [illegible]

Name of Federal Candidate: [illegible] Office Sought: [ ] House [ ] Senate [X] President State: DC District: ____ Disbursement/Obligation For: [ ] Primary [ ] General [X] Other (specify) ▶ [illegible]

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: ____ District: ____ Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: ____ District: ____ Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee: [illegible]

Mailing Address of Payee: [illegible]

City: [illegible] State: CA Zip Code: [illegible]

Name of Employer: Occupation:

Date of Disbursement or Obligation: [illegible]

Amount: [illegible]

Communication Date: [illegible]

Purpose of Disbursement (including title(s) of communication(s)): [illegible]

Name of Federal Candidate: [illegible] Office Sought: [ ] House [ ] Senate [X] President State: DC District: ____ Disbursement/Obligation For: [ ] Primary [ ] General [X] Other (specify) ▶ [illegible]

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: ____ District: ____ Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: ____ District: ____ Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ [illegible]

TOTAL This Period (last page this line number only) ▶
(carry 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: [illegible] Video Productions, Inc.

Mailing Address of Payee: [illegible] Massachusetts Avenue NW

City: Washington | State: DC | Zip Code: 20005

Name of Employer: | Occupation:

Date of Disbursement or Obligation: [illegible]

Amount: [illegible]

Communication Date: [illegible]

Purpose of Disbursement (including title(s) of communication(s)): Video [illegible] for "Squandered" Television Advertisement

Name of Federal Candidate: George W. Bush | Office Sought: [ ] House [ ] Senate [X] President | State: DC | District: | Disbursement/Obligation For: [ ] Primary [ ] General [X] Other (specify) ▶ RNC

Name of Federal Candidate: | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate: | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee: [illegible] Crankshaw

Mailing Address of Payee: 212 East Clinton Street

City: Johnstown | State: NY | Zip Code: 12095

Name of Employer: | Occupation:

Date of Disbursement or Obligation: [illegible]

Amount: [illegible]

Communication Date: [illegible]

Purpose of Disbursement (including title(s) of communication(s)): Voice [illegible] for "Squandered" TV AC

Name of Federal Candidate: George W. Bush | Office Sought: [ ] House [ ] Senate [X] President | State: DC | District: | Disbursement/Obligation For: [ ] Primary [ ] General [X] Other (specify) ▶ RNC

Name of Federal Candidate: | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate: | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ [illegible]

TOTAL This Period (last page this line number only) ▶
(carry 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: [illegible]

Mailing Address of Payee: [illegible]

City: [illegible] State: NY Zip Code: [illegible]

Name of Employer: Occupation:

Date of Disbursement or Obligation: [illegible]

Amount: [illegible]

Communication Date: [illegible]

Purpose of Disbursement (including title(s) of communication(s)): [illegible]

Name of Federal Candidate: George W. Bush
Office Sought: [ ] House [ ] Senate [X] President
State: [illegible] District:
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee: [illegible]

Mailing Address of Payee: [illegible]

City: [illegible] State: [illegible] Zip Code: [illegible]

Name of Employer: Occupation:

Date of Disbursement or Obligation: [illegible]

Amount: [illegible]

Communication Date: [illegible]

Purpose of Disbursement (including title(s) of communication(s)): [illegible]

Name of Federal Candidate: George W. Bush
Office Sought: [ ] House [ ] Senate [X] President
State: [illegible] District:
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ..... [illegible]

TOTAL This Period (last page this line number only) ..... [illegible]
(carry 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: Media Strategies & Research

Mailing Address of Payee: 1580 Lincoln Street #510

City: Denver | State: CO | Zip Code: 80203

Name of Employer: | Occupation:

Date of Disbursement or Obligation: 04 15 2004

Amount: 25,240.00

Communication Date: 04 15 2004

Purpose of Disbursement (including title(s) of communication(s)): Airline and backgrounds for "Indy Is It Then" TV Ad

Name of Federal Candidate | Office Sought: [ ] House [ ] Senate [X] President | State: WI | District: | Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee:

Mailing Address of Payee:

City: | State: | Zip Code:

Name of Employer: | Occupation:

Date of Disbursement or Obligation:

Amount:

Communication Date:

Purpose of Disbursement (including title(s) of communication(s)):

Name of Federal Candidate | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 25,240.00

TOTAL This Period (last page this line number only) ▶ 61,082.47
(carry total from last page to Line 10)

24038532739

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.

☑ Hand Delivered	Date of Receipt 10-7-04
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked Delivery Confirmation ™ Label ☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
Jm P PREPARER	11-8-04 DATE PREPARED

(5/2004)