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From : **Clea Mitchell, Esq.**
 Email Address : **emitt.hell@foley.com**
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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 different than previously reported
P.O. Box 3588

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

(d) Name of Employer or Principal Place of Business: N/A

(e) Occupation: _____

2. FEC Identification Number

3. Is This Statement New or Amended

4. Covering Period FROM 10 / 14 / 2004 through TO 10 / 15 / 2004

5. (a) Date of Public Distribution(s) 10 / 15 / 2004 **(b) Communication Title** "BIG"

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107 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: Cleta Mitchell

(b) Address (number and street): 3000 K Street, N.W., Suite 500

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

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

(e) Occupation: Attorney

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 2,000.00

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 Cleta Mitchell

SIGNATURE Cleta Mitchell, Esq DATE 10/15/04

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

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

PAGE 2 OF 3

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 Kaveis 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 Rosowsid	
(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 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Red Sea, LLC			Date of Disbursement or Obligation 10/14/2004		
Mailing Address of Payee 1111 19th Street, N.W., Suite 211			Amount 30000.00		
City Washington	State DC	Zip Code 20036	Communication Date 10/15/2004		
Name of Employer			Occupation		

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

Purchase Air Time

Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:
George W. Bush		<input checked="" type="checkbox"/> Senate	District	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation		
Mailing Address of Payee			Amount		
City	State	Zip Code	Communication Date		
Name of Employer			Occupation		

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

Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

Name of Federal Candidate	Office Sought	House	State	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursements/Obligations This Page (optional) _____

TOTAL This Period (last page the line number only) _____
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