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
C

3. Is This Statement X New or Amended

4. Covering Period 08 [illegible] 2004 through 09 [illegible] 2004

5. (a) Date of Public Distribution(s) 09 [illegible] 2004 (b) Communication Title Pony Together

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 198.00.00

10. Total Disbursements/Obligations This Statement 61.09247

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, erroneous or incomplete information may subject the person signing this statement to the penalties of P.U.S.C. §437g.

FEC FORM 9 (REV. 02/2003)

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