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RETURN TO: (NAME) Michael Gehrke (EXT.) 1658 (ROOM NO.) 800

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SENDER:	TELEPHONE:	FACSIMILE:
<i>Michael Gehrke</i>		

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	<i>Federal Election Commission</i>		<i>219-0174</i>

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# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

<b>1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations</b>	
(a) Name <b>Fresh Start for America</b>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>235 Massachusetts Avenue NE, 2nd Floor</b>	<b>2. FEC Identification Number</b> <b>C</b>
(c) City, State and ZIP Code <b>Washington DC 20002</b>	
(d) Name of Employer or Principal Place of Business <b>N/A</b>	(e) Occupation <b>N/A</b>
<b>3. Is This Statement</b> <input checked="" type="checkbox"/> <b>New</b> or <input type="checkbox"/> <b>Amended</b>	<b>4. Covering Period</b> 10/04/2006 through 10/05/2006
<b>5. (a) Date of Public Distribution(s)</b> 10/06/2006	<b>(b) Communication Title</b> <b>Roosevelt</b>
<b>6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>8. Custodian of Records</b>	
(a) Name <b>Michael Gehrke</b>	
(b) Address (number and street) <b>235 Massachusetts Avenue NE, 2nd Floor</b>	
(c) City, State and ZIP Code <b>Washington DC 20002</b>	
(d) Name of Employer or Principal Place of Business <b>Senate Majority Project</b>	(e) Occupation <b>Executive Director</b>
<b>9. Total Donations This Statement</b>	<b>4 2 0 0 0 0 0</b>
<b>10. Total Disbursements/Obligations This Statement</b>	<b>3 7 9 0 0 0 0</b>

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 Michael Gehrke

SIGNATURE *Michael Gehrke* DATE 10/6/2006

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

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

11. Person(s) Sharing/Exercising Control

<b>A.</b>	
(a) Name	Michael Gehrke
(b) Address (number and street)	235 Massachusetts Avenue NE, 2nd Floor
(c) City, State and ZIP Code	Washington DC 20002
(d) Name of Employer or Principal Place of Business	Senate Majority Project
(e) Occupation	Executive Director
<b>B.</b>	
(a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	
(e) Occupation	
<b>C.</b>	
(a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	
(e) Occupation	
<b>D.</b>	
(a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	
(e) Occupation	
<b>E.</b>	
(a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	
(e) Occupation	

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**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Murphy Putnam Shorr				<b>Date of Disbursement or Obligation</b> 10 / 04 / 2005	
<b>Mailing Address of Payee</b> 901 North Washington Street, Suite 400				<b>Amount</b> 3 7 9 0 0 0 0	
<b>City</b> Alexandria	<b>State</b> VA	<b>Zip Code</b> 22314		<b>Communication Date</b> 10 / 06 / 2006	
<b>Name of Employer</b> N/A		<b>Occupation</b> N/A			
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media Buy & Production (Roosevelt)					
<b>Name of Federal Candidate</b> James Talent	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> MO	<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> _____				<b>Date of Disbursement or Obligation</b> _____ / _____ / _____	
<b>Mailing Address of Payee</b> _____				<b>Amount</b> _____	
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____		<b>Communication Date</b> _____ / _____ / _____	
<b>Name of Employer</b> _____		<b>Occupation</b> _____			
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> _____					
<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>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>				3 7 9 0 0 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				3 7 9 0 0 0 0	

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