

# 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 YCOP Voter Fund

(b) Address (number and street)  check if different than previously reported  
PO Box 222

(c) City, State and ZIP Code  
CAMP Hill, PA 17001-0222

(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 10 17 2006 through 10 20 2006

5. (a) Date of Public Distribution(s) 10 23 2006 (b) Communication Title "Jobody" "Invisible Payless"

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 Chris Lilik

(b) Address (number and street) PO Box 222

(c) City, State and ZIP Code CAMP Hill, PA 17001-0222

(d) Name of Employer or Principal Place of Business \_\_\_\_\_ (e) Occupation \_\_\_\_\_

Young Conservatives of Pennsylvania President

9. Total Donations This Statement 21,000.00

10. Total Disbursements/Obligations This Statement 23,998.00

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 Chris Lilik

SIGNATURE Chris Lilik DATE 10/20/06

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5437g.

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

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11. Person(s) Sharing/Exercising Control

A. (a) Name		Chris Lilik	
(b) Address (number and street)		Po Box 222	
(c) City, State and ZIP Code		CAMP HILL, PA 17001-0222	
(d) Name of Employer or Principal Place of Business	(e) Occupation		
Yang Conservatives of Pennsylvania		President	
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		
C. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business	(e) Occupation		
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		

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SCHEDULE 9-A  
Donation(s) Received

PAGE 3 OF 6

<p>A. Full Name of Donor <b>Robin P. Arkley</b></p> <p>Mailing Address of Donor <b>323 5th Street</b></p> <p>City State Zip <b>Eureka CA 95501</b></p>	<p>Date of Receipt <b>10 12 2006</b></p> <p>Amount <b>10,000.00</b></p>
<p>B. Full Name of Donor <b>NORM Hoffer</b></p> <p>Mailing Address of Donor <b>110 Sunset Ave</b></p> <p>City State Zip <b>HARRISBURG PA 17112</b></p>	<p>Date of Receipt <b>10 16 2006</b></p> <p>Amount <b>1,000.00</b></p>
<p>C. Full Name of Donor <b>Robin P. Arkley</b></p> <p>Mailing Address of Donor <b>323 5th Street</b></p> <p>City State Zip <b>Eureka CA 95501</b></p>	<p>Date of Receipt <b>10 18 2006</b></p> <p>Amount <b>10,000.00</b></p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ <b>21,000.00</b></p> <p>TOTAL This Period (last page this line number only) ▶ <b>21,000.00</b> (carry total from last page to Line 9)</p>	

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

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<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Speedy Spots		<b>Date of Disbursement or Obligation</b> 10 03 2006	
<b>Mailing Address of Payee</b> 12175 Jerusalem Road		<b>Amount</b> 515.00	
<b>City</b> Chelsea	<b>State</b> MI	<b>Zip Code</b> 48119-9683	<b>Communication Date</b> 10 23 2006
<b>Name of Employer</b> N/A	<b>Occupation</b> N/A		
<b>Purpose of Disbursement (including title(s) of communication(s))</b> AD Production, Editing ("Jeopardy", "Invisible Pay Raise")			
<b>Name of Federal Candidate</b> Bob Casey	<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> PA <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> Rick Santorum	<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> PA <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>B. Full Name (Last, First, Middle Initial) of Payee</b> Clear Channel Radio		<b>Date of Disbursement or Obligation</b> 10 17 2006	
<b>Mailing Address of Payee</b> WHP Talk Radio, 600 Corporate Circle		<b>Amount</b> 5,643.00	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code</b> 17110	<b>Communication Date</b> 10 23 2006
<b>Name of Employer</b> N/A	<b>Occupation</b> N/A		
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Airing "Jeopardy"			
<b>Name of Federal Candidate</b> Bob Casey	<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> PA <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> Rick Santorum	<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> PA <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>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		6,158.00	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)		6,158.00	

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**SCHEDULE 9-B**

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

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<b>A. Full Name (Last, First, Middle Initial) of Payee</b> ALFANO - LEONARDO LLC		<b>Date of Disbursement or Obligation</b> 10 18 2006	
<b>Mailing Address of Payee</b> 1090 VERMONT AVE, NW, SUITE 230		<b>Amount</b> 200.00	
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code</b> 20005	<b>Communication Date</b> 10 23 2006
<b>Name of Employer</b> N/A	<b>Occupation</b> N/A		
<b>Purpose of Disbursement (including title(s) of communication(s))</b> RADIO AD PRODUCTION ("INVISIBLE PAY RAISE")			
<b>Name of Federal Candidate</b> BOB CASEY	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> PA <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>	<b>State:</b>	<b>Disbursement/Obligation For:</b>
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>State:</b>	<b>Disbursement/Obligation For:</b>
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> W PGB RADIO		<b>Date of Disbursement or Obligation</b> 10 19 2006	
<b>Mailing Address of Payee</b> 200 FLEET STREET, 4TH FLOOR		<b>Amount</b> 14,315.00	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code</b> 15220	<b>Communication Date</b> 10 23 2006
<b>Name of Employer</b> N/A	<b>Occupation</b> N/A		
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Airing "JEOPARDY", "INVISIBLE PAY RAISE"			
<b>Name of Federal Candidate</b> BOB CASEY	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> PA <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> RICK SANTOLUOMI	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> PA <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>	<b>State:</b>	<b>Disbursement/Obligation For:</b>
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		14,515.00	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)		20,873.00	

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SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <b>Clear Channel Radio</b>				Date of Disbursement or Obligation <b>10 19 2006</b>	
Mailing Address of Payee <b>WHP Talk Radio 580, 600 Corporate Center</b>				Amount <b>3,325.00</b>	
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17110</b>		Communication Date <b>10 23 2006</b>	
Name of Employer <b>N/A</b>		Occupation <b>N/A</b>			
Purpose of Disbursement (including title(s) of communication(s)) <b>Aiding "Invisi-PA Raise"</b>					
Name of Federal Candidate <b>BOB CASEY</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b>	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				<b>3,325.00</b>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				<b>23,998.00</b>	

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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.

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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