Perkins Coie

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FACSIMILE COVER SHEET

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DATE: *October 13, 2006* COVER SHEET & *5* PAGE(S)

CLIENT NUMBER: *60677-0001*

RETURN TO: (NAME) *Erik Smith* (EXT.) *1658* (ROOM NO.) *800*

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SENDER:	TELEPHONE:	FACSIMILE:
Erik Smith		

RECIPIENT:	COMPANY:	TELEPHONE:	FACSIMILE:
	Federal Election Commission		*219-0174*

RE:

2603921191

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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: Change America Now

(b) Address (number and street) ☐ check if different than previously reported
607 14th Street, NW, Suite 800

(c) City, State and ZIP Code
Washington DC 20005

2. FEC Identification Number
C 30000590

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

(e) Occupation
N/A

3. Is This Statement ☑ New or ☐ Amended

4. Covering Period 10 / 11 / 2006 through 10 / 13 / 2006

5. (a) Date of Public Distribution(s) 10 / 13 / 2006 **(b) Communication Title** Change

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? 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: Erik Smith

(b) Address (number and street)
607 14th Street, NW, Suite 800

(c) City, State and ZIP Code
Washington DC 20005

(d) Name of Employer or Principal Place of Business
Self-employed

(e) Occupation
Consultant

9. Total Donations This Statement $113,334.00

10. Total Disbursements/Obligations This Statement $35,967.40

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 Erik Smith

SIGNATURE [signature] **DATE** 10-13-06

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

26039212192

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

11. Person(s) Sharing/Exercising Control

A. (a) Name
Erik Smith

(b) Address (number and street)
607 14th Street, NW, Suite 800

(c) City, State and ZIP Code
Washington DC 20005

(d) Name of Employer or Principal Place of Business
Self-Employed

(e) Occupation
Consultant

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

26036212108

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: Dean A. Hanley
Mailing Address of Donor: 1442 Grand View Drive
City: Berkeley State: CA Zip: 94705
Date of Receipt: 10 / 06 / 2006
Amount: 8 3 3 4 0 0

B. Full Name of Donor: David R. Paoli
Mailing Address of Donor: 106 Crestline Drive
City: Missoula State: MT Zip: 59803
Date of Receipt: 10 / 06 / 2006
Amount: 5 0 0 0 0 0

C. Full Name of Donor: John E. Williams, Jr.
Mailing Address of Donor: 8441 Gulf Freeway, Suite 600
City: Houston State: TX Zip: 77017
Date of Receipt: 10 / 06 / 2006
Amount: 1 0 0 0 0 0 0 0

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) ▶ 1 1 3 3 3 4 0 0

TOTAL This Period (last page this line number only) ▶ 1 1 3 3 3 4 0 0
(carry total from last page to Line 9)

26039212194

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

A. Full Name (Last, First, Middle Initial) of Payee: GMMB, Inc.

Mailing Address of Payee: P.O Box 7777

City: Philadelphia | State: PA | Zip Code: 19175

Name of Employer: N/A | Occupation: N/A

Date of Disbursement or Obligation: 10 / 11 / 2006

Amount: $ 2,467.40

Communication Date: 10 / 13 / 2006

Purpose of Disbursement (including title(s) of communication(s)): Media Buy & Production (Change)

Name of Federal Candidate: Conrad Burns
Office Sought: [ ] House [✓] Senate [ ] President
State: MT 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) ▶

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) ▶ 3 2 4 6 7 4 0

TOTAL This Period (last page this line number only) ▶ 3 2 4 6 7 4 0
(carry total from last page to Line 10)

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Federal Election Commission

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(5/2004)

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