

**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
NEW YORKERS FOR RESPONSIBLE LEADERSHIP

(b) Address (number and street) check if different than previously reported
108 EAST 96TH STREET #9E

(c) City, State and ZIP Code
NEW YORK NY 10128

2. FEC Identification Number

C C00000000

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

3. Is This Statement New
or
 Amended

4. Covering Period
M M / D D / Y Y Y Y
11 / 03 / 2006
through
M M / D D / Y Y Y Y
11 / 03 / 2006

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Lesser Revised
11 / 02 / 2006

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? 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
Kevin Fullington

(b) Address (number and street)
108 E. 96th Street 9E

(c) City, State and ZIP Code
New York NY 10128

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

9. Total Donations This Statement 25000.00

10. Total Disbursements/Obligations This Statement 19989.00

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 Kevin Fullington

SIGNATURE _____ DATE 11/03/2006

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

26039264368

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

11. Person(s) Sharing/Exercising Control

A. (a) Name		Transaction ID : F91.000001	
Kevin Fullington			
(b) Address (number and street)			
108 E. 96th Street 9E			
(c) City, State and Zip Code			
New York		NY	10128
(d) Name of Employer or Principal Place of Business		(e) Occupation	

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SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor			Date of Receipt	
21st Century Freedom PAC - Federal			M	Y
			11	03
Mailing Address of Donor				
228 S Washington Street				
#200			Amount	
			25000.00	
City	State	Zip		
Alexandria	VA	22314	Transaction ID: SAF92.000001	

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SUBTOTAL of Donations This Page (optional).....	25000.00
TOTAL This Period (last page this line number only)..... (carry total from last page to Line 9)	25000.00

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Chris Mottola Consulting, Inc.				Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 03 / 2006	
Mailing Address of Payee 1382 Lafayette St.				Amount 19989.00	
City	State	Zip Code		Communication Date M M / D D / Y Y Y Y	
Cape May	NJ	08204		Transaction ID : SBF93.000001	
Name of Employer				Occupation	
Purpose of Disbursement (including title(s) of communication(s)) TV ad - Lesser Revised					
Name of Federal Candidate Jack Davis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY	District: 26	Disbursement/Obligation For: 2006 Primary <input checked="" type="checkbox"/> General Other (specify) _____	
F94.000001					
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 Disbursement/Obligation This Page (optional)				19989.00	
TOTAL This Period (last page this line number only)				19989.00	
(carry total from last page to line 10)					

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature 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
Next Business Day Delivery <input type="checkbox"/>	
<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): <i>Web Form</i>	Date of Receipt or Postmarked <i>11/3/06</i>

JAP
 PREPARER
 (3/2005)

11/3/06
 DATE PREPARED

20039264372