

# 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 Softer Voices

(b) Address (number and street)  check if different than previously reported  
P.O. Box 3588

(c) City, State and ZIP Code  
Washington, DC 20007

(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** 09 25 through 2006 09 2006

**5. (a) Date of Public Distribution(s)** 09 26 2006 **(b) Communication Title** "Who I Am Today" "Family"

**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

**B. Custodian of Records**

(a) Name Cynthia Young Palmer

(b) Address (number and street) \_\_\_\_\_

(c) City, State and ZIP Code  
P.O. Box 3588  
Washington, DC 20007

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

**9. Total Donations This Statement** 150,000.00

**10. Total Disbursements/Obligations This Statement** 100,000.00

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 Cynthia Young Palmer

SIGNATURE *Cynthia Young Palmer* DATE 9/26/06

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

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

PAGE 2 OF

**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name <b>Heather Higgins</b>	(e) Occupation
	(b) Address (number and street) <b>P.O. Box 3588</b>	
	(c) City, State and ZIP Code <b>Washington, DC 20007</b>	
	(d) Name of Employer or Principal Place of Business <b>The Randolph Foundation</b>	<b>President</b>
<b>B.</b>	(a) Name <b>Midge Deckter</b>	(e) Occupation
	(b) Address (number and street) <b>P.O. Box 3588</b>	
	(c) City, State and ZIP Code <b>Washington, DC 20007</b>	
	(d) Name of Employer or Principal Place of Business <b>Self</b>	<b>Free Lance Writer</b>
<b>C.</b>	(a) Name <b>Lisa Schiffren Mann</b>	(e) Occupation
	(b) Address (number and street) <b>P.O. Box 3588</b>	
	(c) City, State and ZIP Code <b>Washington, DC 20007</b>	
	(d) Name of Employer or Principal Place of Business <b>Self</b>	<b>Writer/speechwriter</b>
<b>D.</b>	(a) Name <b>Nina Rosenwald</b>	(e) Occupation
	(b) Address (number and street) <b>P.O. Box 3588</b>	
	(c) City, State and ZIP Code <b>Washington, DC 20007</b>	
	(d) Name of Employer or Principal Place of Business <b>American Securities, LP</b>	<b>Principal</b>
<b>E.</b>	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

**SCHEDULE 9-A**  
**Donation(s) Received**

PAGE OF

<b>A. Full Name of Donor</b>			<b>Date of Receipt</b>	
<u>Carl Lindner</u>			M D Y Y Y Y	
Mailing Address of Donor			0 9 2 2 2 0 0 6	
<u>8555 Shawnee Run Road</u>			<b>Amount</b>	
City	State	Zip	1 5 0 0 0 0 . 0 0	
<u>Cincinnati</u>	<u>OH</u>	<u>45243</u>		
<b>B. Full Name of Donor</b>			<b>Date of Receipt</b>	
Mailing Address of Donor			M D Y Y Y Y	
City	State	Zip	<b>Amount</b>	
<b>C. Full Name of Donor</b>			<b>Date of Receipt</b>	
Mailing Address of Donor			M D Y Y Y Y	
City	State	Zip	<b>Amount</b>	
<b>D. Full Name of Donor</b>			<b>Date of Receipt</b>	
Mailing Address of Donor			M D Y Y Y Y	
City	State	Zip	<b>Amount</b>	
<b>E. Full Name of Donor</b>			<b>Date of Receipt</b>	
Mailing Address of Donor			M D Y Y Y Y	
City	State	Zip	<b>Amount</b>	
<b>SUBTOTAL of Donations This Page (optional)</b>			, 1 5 0 , 0 0 0 0 . 0 0	
<b>TOTAL This Period (last page this line number only)</b>			1 5 0 , 0 0 0 0 0	
(carry total from last page to Line 9)				

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <u>Mentzer Media Services</u>				<b>Date of Disbursement or Obligation</b> M M D D Y Y Y Y 0 9 2 6 2 0 0 6	
<b>Mailing Address of Payee</b> <u>600 Fairmount Avenue, #306</u>				<b>Amount</b> <u>1 0 0 , 0 0 0 . 0 0</u>	
<b>City</b> <u>Towson</u>	<b>State</b> <u>MD</u>	<b>Zip Code</b> <u>21286</u>			
<b>Name of Employer</b> 		<b>Occupation</b> 		<b>Communication Date</b> M M D D Y Y Y Y 0 9 2 7 2 0 0 6	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <u>TV Ads (purchase airtime) "Family" "Who I Am Today"</u>					
<b>Name of Federal Candidate</b> <u>Rick Santorum</u>	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <u>PA</u>	<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> <u>Bob Casey, Jr.</u>	<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <u>PA</u>	<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> 				<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>Name of Employer</b> 		<b>Occupation</b> 		<b>Communication Date</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>				<u>1 0 0 , 0 0 0 . 0 0</u>	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				<u>1 0 0 , 0 0 0 . 0 0</u>	

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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™ 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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N/A  
 PREPARER

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