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FACSIMILE COVER SHEET

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DATE: *October 17, 2006* COVER SHEET & *5* PAGE(S)

CLIENT NUMBER: *60696-0001*

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

ORIGINAL DOCUMENT(S) WILL BE: ☐ SENT TO YOU ☐ HELD IN OUR FILES

SENDER:	TELEPHONE:	FACSIMILE:
Michael Gehrke		

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

RE:

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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: Fresh Start for America

(b) Address (number and street) ☐ check if different than previously reported: 235 Massachusetts Avenue, NE, 2nd Floor

(c) City, State and ZIP Code: Washington DC 20002

2. FEC Identification Number: C 30000582

(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 16 2006 through 10 16 2006

5. (a) Date of Public Distribution(s) 10 16 2006 **(b) Communication Title** Roosevelt

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: 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

9. Total Donations This Statement 100,000.00

10. Total Disbursements/Obligations This Statement 90,000.00

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: Michael Gehrke

SIGNATURE: Michael Gehrke DATE: 10/16/2006

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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FEC FORM 9 (REV. 02/2003)

26039230665

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

11. Person(s) Sharing/Exercising Control

A. (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. (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

26039236666

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: ATLA PAC
Mailing Address of Donor: 1050 31st Street, NW
City: Washington State: DC Zip: 20007
Date of Receipt: 10 / 12 / 2006
Amount: 1 0 0 0 0 0 0 0

B. Full Name of Donor:
Mailing Address of Donor:
City State Zip
Date of Receipt: / /
Amount:

C. Full Name of Donor:
Mailing Address of Donor:
City State Zip
Date of Receipt: / /
Amount:

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 0 0 0 0 0 0 0

TOTAL This Period (last page this line number only) ..... ▶ 1 0 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)

A. Full Name (Last, First, Middle Initial) of Payee: Murphy Putnam Shorr

Date of Disbursement or Obligation: 10 / 16 / 2006

Mailing Address of Payee: 901 North Washington Street, Suite 400

Amount: 90,000.00

City: Alexandria | State: VA | Zip Code: 22314

Communication Date: 10 / 16 / 2006

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

Purpose of Disbursement (including title(s) of communication(s)): Media Buy (Roosevelt)

Name of Federal Candidate: James Talent | Office Sought: [ ] House [✓] Senate [ ] President | State: MO | 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

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: [ ] 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) ▶ 90,000.00

TOTAL This Period (last page this line number only) ▶ 90,000.00
(carry total from last page to Line 10)

Federal Election Commission

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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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