

# 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 / 27 / 2006 through 10 / 24 / 2006

5. (a) Date of Public Distribution(s) 10 / 24 / 2006

(b) Communication Title Autism Ad-"Rick Santorum Gets It"

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 Cynthia Young Palmer

(b) Address (number and street)

P.O. Box

(c) City, State and ZIP Code

Washington, DC 20007

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement 2,180,000.00

10. Total Disbursements/Obligations This Statement 242,000.00

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 10/24/06

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

26039244767

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

11. Person(s) Sharing/Exercising Control

A. (a) Name <b>Heather Higgins</b>	
(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>	(e) Occupation <b>President</b>
B. (a) Name <b>Midge Deckter</b>	
(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>	(e) Occupation <b>Free Lance Writer</b>
C. (a) Name <b>Lisa Schiffren</b>	
(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>	(e) Occupation <b>Writer/speechwriter</b>
D. (a) Name <b>Nina Rosenwald</b>	
(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>	(e) Occupation <b>Principal</b>
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**

<p><b>A. Full Name of Donor</b> Howard F. Ahmanson</p> <p>Mailing Address of Donor P.O. Box 19061</p> <p>City State Zip Irvine CA 92623</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 0 2 2 0 0 6</p> <p>Amount 5,000.00</p>
<p><b>B. Full Name of Donor</b> Bruce Hooper</p> <p>Mailing Address of Donor 412 Inveraray</p> <p>City State Zip Villanova PA 19085</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 0 2 2 0 0 6</p> <p>Amount 2,500.00</p>
<p><b>C. Full Name of Donor</b> Charles Parlato</p> <p>Mailing Address of Donor 1144 Old White Plains Road</p> <p>City State Zip Mamaroneck NY 10543-1035</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 0 3 2 0 0 6</p> <p>Amount 5,000.00</p>
<p><b>D. Full Name of Donor</b> David L. Hollinger</p> <p>Mailing Address of Donor 755 White Oak Road</p> <p>City State Zip Denver PA 17517</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 0 6 2 0 0 6</p> <p>Amount 5,000.00</p>
<p><b>E. Full Name of Donor</b> Myles C. Pollin</p> <p>Mailing Address of Donor 270 Broadway, Apt. 16D</p> <p>City State Zip New York NY 10007</p>	<p>Date of Receipt M M D D Y Y Y Y 1 0 1 2 2 0 0 6</p> <p>Amount 2,000.00</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶ 8,700.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 9)</p>	

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

<p><b>A. Full Name of Donor</b> <u>Jack Templeton, MD</u> Mailing Address of Donor</p> <p><u>601 Pembroke Road</u> City State Zip</p> <p><u>Bryn Mawr PA 19010</u></p>	<p>Date of Receipt MM / DD / YYYY 10 / 17 / 2006</p> <p>Amount 130,000.00</p>
<p><b>B. Full Name of Donor</b> <u>Peter R. Ezersky</u> Mailing Address of Donor</p> <p><u>755 Park Avenue</u> City State Zip</p> <p><u>New York NY 10021</u></p>	<p>Date of Receipt MM / DD / YYYY 10 / 23 / 2006</p> <p>Amount 170,000.00</p>
<p><b>C. Full Name of Donor</b> Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>
<p><b>D. Full Name of Donor</b> Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>
<p><b>E. Full Name of Donor</b> Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt MM / DD / YYYY</p> <p>Amount</p>

<p>SUBTOTAL of Donations This Page (optional) .....</p>	<p>131,000.00</p>
<p>TOTAL This Period (last page this line number only) .....</p> <p>(carry total from last page to Line 9)</p>	<p>218,000.00</p>

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**SCHEDULE 9-B**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Ikon Holdings, Inc.				<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address of Payee 1101 30th Street, NW, Ste 220				<b>Amount</b> , 1 2 0 0 0 . 0 0	
City Washington	State DC	Zip Code 20007	<b>Communication Date</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6		
Name of Employer Washington				Occupation DC	
Purpose of Disbursement (Including title(s) of communication(s)) Production Autism Ad "Rick Santorum Gets It"					
Name of Federal Candidate Rick Santorum	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA	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>B. Full Name (Last, First, Middle Initial) of Payee</b> Ikon Holdings, Inc.				<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address of Payee 1101 30th Street, NW, Ste 220				<b>Amount</b> 1 2 3 0 , 0 0 0 . 0 0	
City Washington	State DC	Zip Code 20007	<b>Communication Date</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6		
Name of Employer Washington				Occupation DC	
Purpose of Disbursement (Including title(s) of communication(s)) Purchase of Air Time Autism Ad "Rick Santorum Gets It"					
Name of Federal Candidate Rick Santorum	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA	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>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				2 4 2 , 0 0 0 . 0 0	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				2 4 2 , 0 0 0 . 0 0	

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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 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

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A  
 PREPARER

N/A  
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