# 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

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

**2. FEC Identification Number**
C C30000665

**3. Is This Statement** [x] New or [ ] Amended

**4. Covering Period** 10 28 2006 through 11 02 2006

**5. (a) Date of Public Distribution(s)** 11 02 2006 **(b) Communication Title** Lesser Revised

**6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?** Yes ☐ No [x]

**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?** Yes [x] No ☐

**8. Custodian of Records**

(a) Name
Kevin Fullington

(b) Address (number and street)
108 E. 96th St. 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** 27250.00

**10. Total Disbursements/Obligations This Statement** 28250.00

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 11/02/2006

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

# 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 St. 9E

(c) City, State and Zip Code

New York NY 10128

(d) Name of Employer or Principal Place of Business

(e) Occupation

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



**A.** Full Name of Donor

Robert M Lovell

Mailing Address of Donor
180 Brantwood Rd.

| City | State | Zip |
|---|---|---|
| Snyder | NY | 14226 |

Date of Receipt: 10 31 2006

Amount: 500.00

Transction ID : SAF92.000001

**B.** Full Name of Donor

Robert L Glenning, Jr.

Mailing Address of Donor
101 Fairlawn Dr.

| City | State | Zip |
|---|---|---|
| Amherst | NY | 14226 |

Date of Receipt: 10 31 2006

Amount: 1000.00

Transction ID : SAF92.000002

**C.** Full Name of Donor

James R Kaskie

Mailing Address of Donor
46 Penhurst Park

| City | State | Zip |
|---|---|---|
| Buffalo | NY | 14222 |

Date of Receipt: 10 31 2006

Amount: 1000.00

Transction ID : SAF92.000003

**D.** Full Name of Donor

Robert J Fischer

Mailing Address of Donor
51 Meadow Cove Road

| City | State | Zip |
|---|---|---|
| Pittsford | NY | 14534 |

Date of Receipt: 10 31 2006

Amount: 2500.00

Transction ID : SAF92.000004

**E.** Full Name of Donor

David C Rich

Mailing Address of Donor
555 W 57 St.
Suite 1500

| City | State | Zip |
|---|---|---|
| New York | NY | 10019 |

Date of Receipt: 10 31 2006

Amount: 2000.00

Transction ID : SAF92.000005

**SUBTOTAL** of Donations This Page (optional)..... **7000.00**

**TOTAL** This Period (last page this line number only).....
(carry total from last page to Line 9)

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



**A.** Full Name of Donor

Michael P Hughes

Mailing Address of Donor
13 Taylor Drive

| City | State | Zip |
|---|---|---|
| West Seneca | NY | 14224 |

Date of Receipt: 10 31 2006

Amount: 250.00

Transction ID : SAF92.000006

**B.** Full Name of Donor

Anthony H Gioia

Mailing Address of Donor
55 Meadow Avenue

| City | State | Zip |
|---|---|---|
| Buffalo | NY | 14215 |

Date of Receipt: 10 31 2006

Amount: 10000.00

Transction ID : SAF92.000007

**C.** Full Name of Donor

James V Glynn

Mailing Address of Donor
687 Mountain View Drive

| City | State | Zip |
|---|---|---|
| Lewiston | NY | 14092 |

Date of Receipt: 10 31 2006

Amount: 5000.00

Transction ID : SAF92.000008

**D.** Full Name of Donor

Paul J Accardo

Mailing Address of Donor
800 Main Street
PO Box 712

| City | State | Zip |
|---|---|---|
| Niagara Falls | NY | 14302 |

Date of Receipt: 10 31 2006

Amount: 2500.00

Transction ID : SAF92.000009

**E.** Full Name of Donor

Caroline A Wojtaszek

Mailing Address of Donor
620 E. Goundry St.

| City | State | Zip |
|---|---|---|
| North Tonawanda | NY | 14120 |

Date of Receipt: 10 31 2006

Amount: 500.00

Transction ID : SAF92.000010

**SUBTOTAL** of Donations This Page (optional)..... **18250.00**

**TOTAL** This Period (last page this line number only).....
(carry total from last page to Line 9)

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



**A.** Full Name of Donor

Patricia Lynch Ludman

Mailing Address of Donor
66 Hilltop Drive

| City | State | Zip |
|---|---|---|
| Chappaqua | NY | 10514 |

Date of Receipt

11 01 2006

Amount

2000.00

Transction ID : SAF92.000011

**SUBTOTAL** of Donations This Page (optional)..... **2000.00**

**TOTAL** This Period (last page this line number only)..... **27250.00**
(carry total from last page to Line 9)

# SCHEDULE 9-B
## Disbursement(s) Made or Obligations



**A.** Full Name (Last, First, Middle Initial) of Payee
Multi Media Services Corp.

Mailing Address of Payee
915 King Street

City: Alexandria | State: VA | Zip Code: ZZ314

Name of Employer | Occupation

Date of Disbursement or Obligation: 11 / 02 / 2006

Amount: 28250.00

Communication Date: 11 / 02 / 2006

Transaction ID : SBF93.000001

Purpose of Disbursement (including title(s) of communication(s))
TV ad –

Name of Federal Candidate: Jack Davis
Office Sought: X House / Senate / President
State: NY
District: 26
Disbursement/Obligation For: 2006
Primary X 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) ..... 28250.00

**TOTAL** This Period (last page this line number only) ..... 28250.00
(carry total from last page to line 10)