

**Perkins  
Coie**

607 Fourteenth Street, N.W.  
Washington, D.C. 20005-2011  
PHONE: 202.628.6600  
FAX: 202.434.1690  
www.perkinscoie.com

**FACSIMILE COVER SHEET****CONFIDENTIAL AND PRIVILEGED**

If there are any problems with this transmission, please call:

☐ \*Sender's name and phone numberDATE: November 2, 2006 COVER SHEET & 5 PAGE(S)CLIENT NUMBER: 60696-0001RETURN TO: (NAME) Mike Gehrke (EXT.) 1658 (ROOM No.) 800ORIGINAL DOCUMENT(S) WILL BE: ☐ SENT TO YOU ☐ HELD IN OUR FILES

SENDER:	TELEPHONE:	FACSIMILE:
Mike Gehrke		

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

RE:

This Fax contains confidential, privileged information intended only for the intended addressee. Do not read, copy or disseminate it unless you are the intended addressee. If you have received this Fax in error, please email it back to the sender at perkinscoie.com and delete it from your system or call us (collect) immediately at 202.628.6600, and mail the original Fax to Perkins Coie LLP, 607 Fourteenth Street, N.W., Washington, D.C. 20005-2011.

ANCHORAGE • BEIJING • BELLEVUE • BOISE • CHICAGO • DENVER • LOS ANGELES  
MENLO PARK • OLYMPIA • PHOENIX • PORTLAND • SAN FRANCISCO • SEATTLE • WASHINGTON, D.C.  
Perkins Coie LLP and Affiliates

[DA062640.035]

200392633M

**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****10/26/2006 through 11/01/2006**5. (a) Date of Public Distribution(s) **11/01/2006** (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****25,000.00****10. Total Disbursements/Obligations This Statement****25,000.00**

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

**11/1/2006**

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

FESAN038.PDF

FEC FORM 9 (REV. 02/2005)

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

PAGE 2 OF 4

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

<b>A.</b> (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>B.</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
<b>C.</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
<b>D.</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
<b>E.</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

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

PAGE 3 OF 4

**A. Full Name of Donor**

Ron Motley

**Mailing Address of Donor**

P.O. Box 1792

**City****State****Zip**

Mt. Pleasant

SC

29465

**Date of Receipt**

10 / 26 / 2006

**Amount**

2500000

**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)**

2500000

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

2500000

## SCHEDULE 9-B

PAGE 4 OF 4

## Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Murphy Putnam Shorr				<b>Date of Disbursement or Obligation</b> 10 / 31 / 2006	
<b>Mailing Address of Payee</b> 901 North Washington Street, Suite 400				<b>Amount</b> 2500000	
<b>City</b> Alexandria	<b>State</b> VA	<b>Zip Code</b> 22314		<b>Communication Date</b> 11 / 01 / 2006	
<b>Name of Employer</b> N/A				<b>Occupation</b> N/A	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Media Buy (Roosevelt)					
<b>Name of Federal Candidate</b> James Talent	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> MO	<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>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>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>Mailing Address of Payee</b> _____					
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____		<b>Amount</b> _____	
<b>Name of Employer</b> _____				<b>Occupation</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>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>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>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>				2500000	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				2500000	

**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

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  
DATE PREPARED