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FACSIMILE COVER SHEET

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DATE: *October 27, 2006* COVER SHEET & *5* PAGE(S)

CLIENT NUMBER: *60696-0001*

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

ORIGINAL 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:

2903925919

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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 3 0 0 0 5 8 2

(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 / 20 / 2006 through 10 / 26 / 2006

5. (a) Date of Public Distribution(s) 10 / 26 / 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 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 Michael Gehrke

SIGNATURE [signature] DATE 10-26-2006

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)

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

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: September Fund

Mailing Address of Donor: 1133 Connecticut Avenue, NW, Suite 300

City: Washington, DC State: Zip: 20036

Date of Receipt: 10 / 24 / 2006

Amount: 100,000.00

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) ▶	100,000.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 9) ▶	100,000.00

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

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

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

City: Alexanderia State: VA Zip Code: 22314

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

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

Date of Disbursement or Obligation: 10 / 25 / 2006

Amount: 100,000.00

Communication Date: 10 / 26 / 2006

Name of Federal Candidate: James Talent — Office Sought: [ ] House [x] Senate [ ] President — State: MO District: ____ — Disbursement/Obligation For: [ ] Primary [x] 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

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Purpose of Disbursement (including title(s) of communication(s))

Date of Disbursement or Obligation: / /

Amount

Communication Date: / /

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) ▶ 100,000.00

TOTAL This Period (last page this line number only) ▶ 100,000.00
(carry total from last page to Line 10)

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FEC FORM 9 (REV. 02/2003)

Federal Election Commission

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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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