

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 <u>Lantern Project</u>	2. FEC Identification Number <u>C</u>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <u>1735 Market Street Suite A425</u>	
(c) City, State and ZIP Code <u>Philadelphia PA 19103</u>	
(d) Name of Employer or Principal Place of Business <u>N/A</u>	(e) Occupation <u>N/A</u>
3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period <u>10 04 2006</u> through <u>10 10 2006</u>
5. (a) Date of Public Distribution(s) <u>10 10 2006</u>	(b) Communication Title <u>Capital + DC</u>
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8. Custodian of Records	
(a) Name <u>Alicia Alexion</u>	
(b) Address (number and street) <u>1735 Market Street, Suite A425</u>	
(c) City, State and ZIP Code <u>Philadelphia PA 19103</u>	
(d) Name of Employer or Principal Place of Business <u>Self Employed</u>	(e) Occupation <u>Consultant</u>
9. Total Donations This Statement	
10. Total Disbursements/Obligations This Statement <u>75.00000</u>	

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 Alicia Alexion

SIGNATURE 

DATE 10/10/2006

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

26039201069

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

11. Person(s) Sharing/Exercising Control

A. (a) Name <u>Alicia Alexon</u>	
(b) Address (number and street) <u>1735 Market Street, Suite A425</u>	
(c) City, State and ZIP Code <u>Philadelphia PA 19103</u>	
(d) Name of Employer or Principal Place of Business <u>Self Employed</u>	(e) Occupation <u>Consultant</u>
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

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SCHEDULE 9-A
Donation(s) Received

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26039201071

<p>A. Full Name of Donor <u>Mel Heifeitz</u></p> <p>Mailing Address of Donor <u>304 South 12th Street</u></p> <p>City <u>Philadelphia</u> State <u>PA</u> Zip <u>19107</u></p>	<p>Date of Receipt <u>10 07 2006</u></p> <p>Amount <u>500000</u></p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ <u>500000</u></p> <p>TOTAL This Period (last page this line number only) ▶ <u>500000</u> (carry total from last page to Line 8)</p>	

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <u>The Campaign Group</u>				Date of Disbursement or Obligation <u>10 04 2006</u>	
Mailing Address of Payee <u>1600 Locust Street</u>				Amount <u>7500000</u>	
City <u>Philadelphia</u>	State <u>PA</u>	Zip Code <u>19103</u>		Communication Date <u>10 10 2006</u>	
Name of Employer <u>N/A</u>		Occupation <u>N/A</u>			
Purpose of Disbursement (Including title(s) of communication(s)) <u>Media Buy ("Capital" and "DC")</u>					
Name of Federal Candidate <u>Rick Santorum</u>	Office Sought: <input checked="" type="checkbox"/> Senate	House <input type="checkbox"/>	State: <u>PA</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
		Senate <input type="checkbox"/>	District: _____	<input type="checkbox"/> Other (specify) ▶	
		President <input type="checkbox"/>			
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
		Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		President		<input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
		Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		President		<input type="checkbox"/> 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	State:	Disbursement/Obligation For:	
		Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		President		<input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
		Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		President		<input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
		Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
		President		<input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				<u>75,00000</u>	
TOTAL This Period (last page this line number only)				<u>75,00000</u>	
(carry total from last page to Line 10)					

26039201072

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
<p>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.</p>	
N/A PREPARER	N/A DATE PREPARED

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