

**FACSIMILE COVER SHEET**



**CONFIDENTIAL AND PRIVILEGED**

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

\*Sender's name and phone number

607 Fourteenth Street, N.W.  
Washington, D.C. 20005-2011  
PHONE: 202.528.6600  
FAX: 202.434.1690  
www.perkinscoie.com

DATE: September 21, 2006 COVER SHEET & 3 PAGE(S)

CLIENT NUMBER: 58505-0001

RETURN TO: (NAME) Christine C. Neville (EXT.) 1658 (ROOM No.) 800

ORIGINAL DOCUMENT(S) WILL BE:  SENT TO YOU  HELD IN OUR FILES

SENDER:	TELEPHONE:	FACSIMILE:
<i>Mark Longabaugh</i>		

RECIPIENT:	COMPANY:	TELEPHONE:	FACSIMILE:
	<i>Federal Election Commission</i>		<i>219-0174</i>

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

[DA062640.055]

20039190090

# 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 Majority Action

(b) Address (number and street)  check if different than previously reported  
2207 Valley Circle

(c) City, State and ZIP Code  
Alexandria, VA 22302

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C 30000533

3. Is This Statement  New or  Amended

### 4. Covering Period

09 / 20 / 2006 through 09 / 20 / 2006

5. (a) Date of Public Distribution(s) 09 / 20 / 2006

(b) Communication Title Truth

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 Mark Longabaugh

(b) Address (number and street)  
2207 Valley Circle

(c) City, State and ZIP Code  
Alexandria, VA 22302

(d) Name of Employer or Principal Place of Business

(e) Occupation

Self-employed

Consultant

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

9,800.00

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

Mark Longabaugh

SIGNATURE

DATE

9/21/06

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

15036162002

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

11. Person(s) Sharing/Exercising Control

<b>A.</b> (a) Name Mark Longabaugh	
(b) Address (number and street) 2207 Valley Circle	
(c) City, State and ZIP Code Alexandria, VA 22302	
(d) Name of Employer or Principal Place of Business Self-employed	(e) Occupation Consultant
<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

250219190002

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Squier Knapp Dunn Communications		<b>Date of Disbursement or Obligation</b> 09 / 20 / 2006	
<b>Mailing Address of Payee</b> 1818 N Street, NW, Suite 450		<b>Amount</b> 9,800.00	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20036	<b>Communication Date</b> 09 / 20 / 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 & Production (Truth)			
<b>Name of Federal Candidate</b> James Walsh	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> NY <b>District:</b> 25	<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>District:</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>District:</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>Date of Disbursement or Obligation</b>	
<b>Mailing Address of Payee</b>		<b>Amount</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Communication Date</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>District:</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>District:</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>District:</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>		9,800.00	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)		9,800.00	

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
-----------------	----------------------

26039190094