

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 Lantern Project

(b) Address (number and street) check if different than previously reported
1735 Market Street Suite A425

(c) City, State and ZIP Code Philadelphia PA 19103

(d) Name of Employer or Principal Place of Business N/A

(e) Occupation N/A

2. FEC Identification Number
C

3. Is This Statement New Amended

4. Covering Period 09 23 2006 through 10 03 2006

5. (a) Date of Public Distribution(s) 10 03 2006 **(b) Communication Title** Capitol + DC

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 Alicia Alexion

(b) Address (number and street) 1735 Market Street, Suite A425

(c) City, State and ZIP Code Philadelphia PA 19103

(d) Name of Employer or Principal Place of Business Self employed

(e) Occupation Consultant

9. Total Donations This Statement 57,000.00

10. Total Disbursements/Obligations This Statement 75,000.00

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 Alicia Alexion

SIGNATURE *Alicia Alexion* DATE 10/3/2006

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

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11. Person(s) Sharing/Exercising Control

A. (a) Name <i>Alicia Alexion</i>	
(b) Address (number and street) <i>1735 Market Street, Suite A425</i>	
(c) City, State and ZIP Code <i>Philadelphia PA 19103</i>	
(d) Name of Employer or Principal Place of Business <i>Self Employed</i>	(e) Occupation <i>Consultant</i>
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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<p>A. Full Name of Donor Even Segal</p> <p>Mailing Address of Donor 107 Dogwood Lane</p> <p>City State Zip Pittsburgh PA 15236</p>	<p>Date of Receipt 09 25 2006</p> <p>Amount 50,000.00</p>
<p>B. Full Name of Donor Robert Jennings, Jr.</p> <p>Mailing Address of Donor 3078 Henrich Farm Lane</p> <p>City State Zip Allison Park PA 15101</p>	<p>Date of Receipt 09 29 2006</p> <p>Amount 2,000.00</p>
<p>C. Full Name of Donor Pittsburgh Federation of Teachers</p> <p>Mailing Address of Donor 10 South 19th Street</p> <p>City State Zip Pittsburgh PA 15203</p>	<p>Date of Receipt 09 29 2006</p> <p>Amount 5,000.00</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) ▶</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p> <p style="text-align: right;">57,000.00</p>	

SCHEDULE 9-B

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>09 27 2006</u>	
Mailing Address of Payee <u>1600 Locust Street</u>				Amount <u>75,000.00</u>	
City <u>Philadelphia</u>	State <u>PA</u>	Zip Code <u>19103</u>		Communication Date <u>10 03 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") and Production ("DC")</u>					
Name of Federal Candidate <u>Rick Santorum</u>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>PA</u>	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶					
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				<u>75,000.00</u>	

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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
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<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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