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FACSIMILE COVER SHEET

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RETURN TO: (NAME) Mark Longabaugh (EXT.) 1658 (ROOM NO.) 800

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

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

RE:

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[DA062640.035]

26039262196

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	2. FEC Identification Number 030000533
(b) Address (number and street) <input type="checkbox"/> 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
3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period 10/31/2006 through 10/31/2006
5. (a) Date of Public Distribution(s) 10/31/2006	(b) Communication Title FAMILIES
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 checked="" type="checkbox"/> No <input type="checkbox"/>
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 SELF EMPLOYED	(e) Occupation CONSULTANT
9. Total Donations This Statement	35,300.00
10. Total Disbursements/Obligations This Statement	22,000.00

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 **MARK P. LONGABAUGH**
SIGNATURE **Mark P. Longbaugh** DATE **10/31/06**

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

26039262197

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

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A. (a) Name		MARK LONGBAUGH	
(b) Address (number and street)		2207 JAMES CREE	
(c) City, State and ZIP Code		ALEXANDRIA, VA 22302	
(d) Name of Employer or Principal Place of Business		(e) Occupation	
SELF-EMPLOYED		CONSULTANT	
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	

26039262198

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
ELI BRAD

Mailing Address of Donor
10900 WILSHIRE BLVD, 12TH FL

City State Zip
LOS ANGELES, CA 90024

Date of Receipt
10 26 2006

Amount
10000.00

B. Full Name of Donor
JIM HORNEL

Mailing Address of Donor
19 SUTTER STREET

City State Zip
SAN FRANCISCO, CA 94104

Date of Receipt
10 26 2006

Amount
10000.00

C. Full Name of Donor
JULIA PARISH

Mailing Address of Donor
1442 8TH AVENUE

City State Zip
SAN FRANCISCO, CA 94122

Date of Receipt
10 27 2006

Amount
5000.00

D. Full Name of Donor
BONNIE TURNER

Mailing Address of Donor
200 PARK AVENUE SOUTH, 8TH FL

City State Zip
NEW YORK, NY 10003

Date of Receipt
10 26 2006

Amount
10000.00

E. Full Name of Donor
CHAD DECHANT

Mailing Address of Donor
2026 TUNLAW ROAD, NW

City State Zip
WASHINGTON, DC 20007

Date of Receipt
10 25 2006

Amount
300.00

SUBTOTAL of Donations This Page (optional) _____ ▶

35300.00

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

35300.00

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee ABAR HUTTON MEDIA		Date of Disbursement or Obligation 10 27 2006	
Mailing Address of Payee 6190 GROVEDALE COURT		Amount 22,000.00	
City ALEXANDRIA VA	State VA	Zip Code 22310	Communication Date 10 31 2006
Name of Employer N/A	Occupation N/A		
Purpose of Disbursement (Including title(s) of communication(s)) MEDIA BUY "FAMILIES"			
Name of Federal Candidate THELMA DRAKE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 2	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)		22,000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		22,000.00	

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Federal Election Commission
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 (5/2004)

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