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FACSIMILE COVER SHEET

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DATE: November 1, 2006 COVER SHEET & 5 PAGE(S)

CLIENT NUMBER: 58502-0001

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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ANCHORAGE - BEIJING - BELLEVUE - BOISE - CHICAGO - DENVER - LOS ANGELES
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Perkins Coie LLP and Affiliates

[DA062640.035]

26039262202

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
030000533

3. Is This Statement New or 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 114.10? 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 SELF EMPLOYED (e) Occupation CONSULTANT

9. Total Donations This Statement 35,300.00

10. Total Disbursements/Obligations This Statement 41,048.58

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. Longabaugh

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. 5437g.

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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 LONGCABAUGH	
(b) Address (number and street)		2207 VALLEY CREEK	
(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		

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SCHEDULE 9-A
Donation(s) Received

26039262205

<p>A. Full Name of Donor ELI BRAD</p> <p>Mailing Address of Donor 10900 WILSHIRE BLVD, 12TH FL City State Zip LOS ANGELES, CA 90024</p>		<p>Date of Receipt 10 26 2006</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor JIM HORNE</p> <p>Mailing Address of Donor 19 SUTTER STREET City State Zip SAN FRANCISCO, CA 94104</p>		<p>Date of Receipt 10 26 2006</p> <p>Amount 10,000.00</p>
<p>C. Full Name of Donor JULIA PARISH</p> <p>Mailing Address of Donor 1442 8TH AVENUE City State Zip SAN FRANCISCO, CA 94122</p>		<p>Date of Receipt 10 27 2006</p> <p>Amount 5,000.00</p>
<p>D. Full Name of Donor BONNIE TURNER</p> <p>Mailing Address of Donor 200 PARK AVENUE SOUTH, 8TH FL City State Zip NEW YORK, NY 10003</p>		<p>Date of Receipt 10 26 2006</p> <p>Amount 10,000.00</p>
<p>E. Full Name of Donor CHAD DECHANT</p> <p>Mailing Address of Donor 2026 TUNLAW ROAD, NW City State Zip WASHINGTON, DC 20007</p>		<p>Date of Receipt 10 25 2006</p> <p>Amount 300.00</p>
<p>SUBTOTAL of Donations This Page (optional)</p>		35,300.00
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>		35,300.00

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 30 2006	
Mailing Address of Payee 6190 GROVEDALE COURT		Amount 40,000.00	
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 RICHARD POMBO	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 11	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 FIRST TUESDAY MEDIA		Date of Disbursement or Obligation 10 29 2006	
Mailing Address of Payee 1148 NORTH POINSETTA PLACE		Amount 1,048.58	
City WEST HOLLYWOOD, CA	State CA	Zip Code 90046	Communication Date 10 31 2006
Name of Employer N/A	Occupation N/A	Purpose of Disbursement (Including title(s) of communication(s)) MEDIA PRODUCTION "FAMILIES"	
Name of Federal Candidate RICHARD POMBO	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 11	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) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)		41,048.58	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		41,048.58	

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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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<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
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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