



607 Fourteenth Street, N.W.
Washington, D.C. 20005-2011
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FACSIMILE COVER SHEET

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DATE: October 25, 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:
<i>Mark Longabaugh</i>		

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

RE:

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[DA062640.035]

26039251248

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

2. FEC Identification Number

C30000533

(d) Name of Employer or Principal Place of Business (e) Occupation

3. Is This Statement New or Amended

4. Covering Period

10 25 2006 through **10 25 2006**

5. (a) Date of Public Distribution(s) **10 24 2006** (b) Communication Title **KELLY IRAQ**

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 LONGGATBAUHU**

(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 **60,500.00**

10. Total Disbursements/Obligations This Statement **131,310.00**

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 LONGGATBAUHU

SIGNATURE

Mark Longgatbauhu

DATE

10/25/06

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §497g.

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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 LONGABAKU	
(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	
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

<p>A. Full Name of Donor EDITH WASSERMAN</p> <p>Mailing Address of Donor 10100 SANTA MONICA BLVD, SUITE 1300</p> <p>City State Zip LOS ANGELES, CA 90067</p>	<p>Date of Receipt 10/20/2006</p> <p>Amount 25,000.00</p>
<p>B. Full Name of Donor ELIZABETH STEELE</p> <p>Mailing Address of Donor 4209 HARBOR ROAD</p> <p>City State Zip SHELburne, VT 05482</p>	<p>Date of Receipt 10/20/2006</p> <p>Amount 500.00</p>
<p>C. Full Name of Donor NORMAN LEAZ</p> <p>Mailing Address of Donor 100 NORTH CRESCENT DR, SUITE 250</p> <p>City State Zip BEVERLY HILLS, CA 90210</p>	<p>Date of Receipt 10/23/2006</p> <p>Amount 25,000.00</p>
<p>D. Full Name of Donor DOUG RING</p> <p>Mailing Address of Donor 100 WILSHIRE BLVD</p> <p>City State Zip SANTA MONICA, CA 90401</p>	<p>Date of Receipt 10/25/2006</p> <p>Amount 10,000.00</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>

SUBTOTAL of Donations This Page (optional)

60,500.00

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

60,500.00

26039251251

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee SQUIER KNAPP DUNN COMMUNICATIONS		Date of Disbursement or Obligation 10 23 2006
Mailing Address of Payee 1818 N STREET NW SUITE 450		Amount 131,310.00
City WASHINGTON DC	State DC	Zip Code 20036
Name of Employer N/A	Occupation N/A	Communication Date 10 24 2006
Purpose of Disbursement (including title(s) of communication(s)) MEDIA BUY AND PRODUCTION KELLY IRA		
Name of Federal Candidate SUE KELLY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	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 _____
Name of Employer _____	Occupation _____	Communication Date _____
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)		131,310.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		131,310.00

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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.

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<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
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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