

FAX COVER SHEET

TO,	Electioneering Communications Filing
COMPANY	FEC
FAX NUMBER	12022190174
FROM	Judy Zamore
DATE	2008-09-29 21:56:28 GMT
RE	Form 9

COVER MESSAGE

28039842286

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Majority Action		2. FEC Identification Number 030000533
(b) Address (number and street) PO Box 76187	(c) City, State and ZIP Code Washington, DC 20013	
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement	or	4. Covering Period
<input type="checkbox"/> New		09 30 2008
<input type="checkbox"/> Amended		through 10 07 2008

5. (a) Date of Public Distribution(s) **09 30 2008** (b) Communication Title **Children**

6. The filer is: (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Judith G. Zamore

(b) Address (in entire street)
PO Box 76187

(c) City, State and ZIP Code
Washington DC 20013

(d) Name of Employer or Principal Place of Business
The Zamore Group, LLC

(e) Occupation
Consultant

9. Total Donations This Statement _____

10. Total Disbursements/Obligations This Statement **159,500.00**

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM **Judith Zamore**

SIGNATURE **Judith Zamore** DATE **9/29/08**

NOTE: Submission of false information or incomplete information may subject the person signing this statement to the penalties of 7 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

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

PAGE 2 OF 4

1.1. Person(s) Sharing/Exercising Control

A. (a) Name Mark Longbaugh	
(b) Address (number and street) PO Box 76187	
(c) City, State and ZIP Code Washington DC 20013	
(d) Name of Employer or Principal Place of Business SELF	(e) Occupation 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-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 4

A. Full Name (Last, First, Middle Initial) of Payee Alex Hotten Media				Date of Disbursement or Obligation 09 25 2008	
Mailing Address of Payee 6190 Gravedale Ct #200				Amount 100,000.00	
City Alexandria VA		State VA		Zip Code 22310	
Name of Employer Occupation				Communication Date 09 30 2008	
Purpose of Disbursement (Including title(s) of communication(s)) Media Buy - "Children"					
Name of Federal Candidate Marilyn Musgrave		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CO District: 4	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought:		State: District:	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought:		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 Alex Hotten Media				Date of Disbursement or Obligation 09 12 2008	
Mailing Address of Payee 6190 Gravedale Ct #200				Amount 45,500.00	
City Alexandria VA		State VA		Zip Code 22310	
Name of Employer Occupation				Communication Date 09 30 2008	
Purpose of Disbursement (Including title(s) of communication(s)) Media Buy - "Children"					
Name of Federal Candidate Marilyn Musgrave		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CO District: 4	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought:		State: District:	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought:		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)				145,500.00	
TOTAL This Period (last page this time number only) (carry total from last page to Line 10)					

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SCHEDULE 9-B

PAGE 4 of 4

Disbursement(s) Made or Obligation(s)

A: Full Name (Last, First, Middle Initial) of Payee Wild Bunch Consulting				Date of Disbursement or Obligation 09 30 2008	
Mailing Address of Payee 900 19th St NW #200				Amount 9,000.00	
City Washington DC		State DC		Zip Code 20006	
Name of Employer (Occupation)				Communication Date 09 30 2008	
Purpose of Disbursement (including title(s) of communication(s)) Production (estimated) - "Children"					
Name of Federal Candidate Marilyn Musgrave		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CO District: 1	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought:		State:	
				Disbursement/Obligation For:	
Name of Federal Candidate		Office Sought:		State:	
				Disbursement/Obligation For:	
B: Full Name (Last, First, Middle Initial) of Payee					
Mailing Address of Payee				Date of Disbursement or Obligation	
City				Amount	
State		Zip Code		Communication Date	
Name of Employer					
Purpose of Disbursement (including title(s) of communication(s))					
Name of Federal Candidate		Office Sought:		State:	
				Disbursement/Obligation For:	
Name of Federal Candidate		Office Sought:		State:	
				Disbursement/Obligation For:	
Name of Federal Candidate		Office Sought:		State:	
				Disbursement/Obligation For:	
SUBTOTAL of Disbursements/Obligations This Page (optional)				9,000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				154,500.00	

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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"/> 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
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