



FACSIMILE COVER SHEET

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DATE: October 25, 2006 COVER SHEET & 5 PAGE(S)

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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]

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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 C30000533
(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 25 2006 through 10 25 2006
5. (a) Date of Public Distribution(s) 10 24 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 LONGABASCU	
(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	10,500.00
10. Total Disbursements/Obligations This Statement	40,000.00

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 LONGABASCU

SIGNATURE

Mark P. Fogler

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. 5497g.

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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 LONGTABAUH	
(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

26039251293

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

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee ABAZ HUTTON MEDIA		Date of Disbursement or Obligation 10 / 23 / 2006	
Mailing Address of Payee 60190 GROVEDALE COURT SUITE 200		Amount 40,000.00	
City ALEXANDRIA, VA	State VA	Zip Code 22310	Communication Date 10 / 24 / 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 JAMES WALSH	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 25	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)		40000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		40000.00	

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Federal Election Commission
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<input type="checkbox"/> No Postmark	
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N/A
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