

**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

C C30000533

3. Is This Statement New or Amended

4. Covering Period 10 / 08 / 2008 through 10 / 12 / 2008

5. (a) Date of Public Distribution(s) 10 / 08 / 2008 (b) Communication Title scandal

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? 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 (e) Occupation
SELF EMPLOYED CONSULTANT

9. Total Donations This Statement 647250.00

10. Total Disbursements/Obligations This Statement 12000.00

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 _____ DATE 10/07/2006

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

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Mark Longabaugh	Transaction ID : F91.000001	
	(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	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor John R. Parten</p> <p>Mailing Address of Donor 18945 Northchase Drive Suite 1800</p> <p>City State Zip Houston TX 77060</p>	<p>Date of Receipt 09 / 20 / 2006</p> <p>Amount 5000.00</p> <p>Transaction ID : SAF92.000001</p>
<p>B. Full Name of Donor Donald L. Fowler</p> <p>Mailing Address of Donor 2725 Devine Street</p> <p>City State Zip Columbia SC 29205</p>	<p>Date of Receipt 09 / 20 / 2006</p> <p>Amount 10000.00</p> <p>Transaction ID : SAF92.000002</p>
<p>C. Full Name of Donor Laura and Gary Lauder</p> <p>Mailing Address of Donor 68 Mercedes Lane</p> <p>City State Zip Atherton CA 94027</p>	<p>Date of Receipt 09 / 20 / 2006</p> <p>Amount 250.00</p> <p>Transaction ID : SAF92.000003</p>
<p>D. Full Name of Donor Joseph Garrett</p> <p>Mailing Address of Donor 9 Edgecroft Road</p> <p>City State Zip Kensington CA 94707</p>	<p>Date of Receipt 09 / 23 / 2006</p> <p>Amount 10000.00</p> <p>Transaction ID : SAF92.000004</p>
<p>E. Full Name of Donor Adam R. Rose</p> <p>Mailing Address of Donor 200 Madison Avenue 5th Floor</p> <p>City State Zip New York NY 10016</p>	<p>Date of Receipt 09 / 29 / 2006</p> <p>Amount 500000.00</p> <p>Transaction ID : SAF92.000005</p>

<p>SUBTOTAL of Donations This Page (optional).....</p>	<p>525250.00</p>
<p>TOTAL This Period (last page this line number only)..... (carry total from last page to Line 9)</p>	

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Sheri J. Foos</p> <p>Mailing Address of Donor 311 N. Rockingham Avenue</p> <hr/> <p>City State Zip Los Angeles CA 90049</p>	<p>Date of Receipt M / D / Y 10 / 04 / 2006</p> <p>Amount 7000.00</p> <p>Transaction ID : SAF92.000006</p>
<p>B. Full Name of Donor George Somes</p> <p>Mailing Address of Donor 888 7th Avenue</p> <hr/> <p>City State Zip New York NY 10106</p>	<p>Date of Receipt M / D / Y 10 / 04 / 2006</p> <p>Amount 50000.00</p> <p>Transaction ID : SAF92.000007</p>
<p>C. Full Name of Donor Jonathan F. P. Rose</p> <p>Mailing Address of Donor 53 Katonah Avenue</p> <hr/> <p>City State Zip Katonah NY 10536</p>	<p>Date of Receipt M / D / Y 10 / 04 / 2006</p> <p>Amount 50000.00</p> <p>Transaction ID : SAF92.000008</p>
<p>D. Full Name of Donor John E. Williams, Jr.</p> <p>Mailing Address of Donor 8441 Gulf Pkwy</p> <hr/> <p>City State Zip Houston TX 77017</p>	<p>Date of Receipt M / D / Y 10 / 04 / 2006</p> <p>Amount 15000.00</p> <p>Transaction ID : SAF92.000009</p>

<p>SUBTOTAL of Donations This Page (optional).....</p>	<p>122000.00</p>
<p>TOTAL This Period (last page this line number only)..... (carry total from last page to Line 9)</p>	<p>647250.00</p>

**SCHEDULE 9-B
Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee Squier Knapp Dunn Communications				Date of Disbursement or Obligation													
Mailing Address of Payee 1818 N Street				<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">6</td><td style="text-align: center;">2</td><td style="text-align: center;">0</td> </tr> </table>		M	M	Y	D	Y	Y	1	0	0	6	2	0
M	M	Y	D	Y	Y												
1	0	0	6	2	0												
City State Zip Code Washington DC 20036				Amount 12000.00													
Name of Employer Occupation				Communication Date													
				<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">D</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">6</td><td style="text-align: center;">2</td><td style="text-align: center;">0</td> </tr> </table>		M	M	Y	D	Y	Y	1	0	0	6	2	0
M	M	Y	D	Y	Y												
1	0	0	6	2	0												
Purpose of Disbursement (including title(s) of communication(s)) Media Buy and Production																	
Name of Federal Candidate TOM REYNOLDS		Office Sought: <input checked="" type="checkbox"/> House	State: NY	Disbursement/Obligation For: 2006													
F94.000001		Senate	District: 26	Primary <input checked="" type="checkbox"/> General													
Name of Federal Candidate		President		Other (specify) _____													
Name of Federal Candidate		Office Sought: House	State:	Disbursement/Obligation For:													
		Senate	District:	Primary General													
		President		Other (specify) _____													
Name of Federal Candidate		Office Sought: House	State:	Disbursement/Obligation For:													
		Senate	District:	Primary General													
		President		Other (specify) _____													

SUBTOTAL of Disbursement/Obligation This Page (optional)	12000.00
TOTAL This Period (last page this line number only)	12000.00
(carry total from last page to line 10)	