

FACSIMILE COVER SHEET



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DATE: November 3, 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:

26039264388

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{DA062640.035}

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 **MINORITY 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
C30000533

3. Is This Statement New or Amended

4. Covering Period **11 03 2006** through **11 03 2006**

5. (a) Date of Public Distribution(s) **11 02 2006** (b) Communication Title **"FAMILIES" + "ARMED FORCES"**

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 LONGBAUGH**

(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

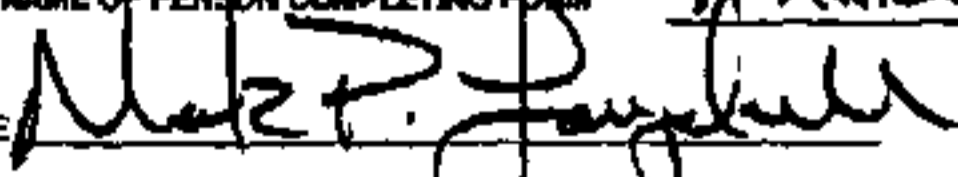
(e) Occupation
CONSULTANT

9. Total Donations This Statement **50,300.00**

10. Total Disbursements/Obligations This Statement **41,500.00**

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. LONGBAUGH**

SIGNATURE  DATE **11/3/06**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5497g.

26039264389

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

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (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
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

PAGE OF

26039264391

<p>A. Full Name of Donor THOMAS SAFRAN</p> <p>Mailing Address of Donor 11812 SAN VICENTE BLVD, #600</p> <p>City State Zip LOS ANGELES, CA 90049</p>	<p>Date of Receipt 11 / 01 / 2006</p> <p>Amount 500.00</p>
<p>B. Full Name of Donor BRUCE COHEN</p> <p>Mailing Address of Donor 8292 HOLLYWOOD BLVD</p> <p>City State Zip LOS ANGELES, CA 90069</p>	<p>Date of Receipt 11 / 01 / 2006</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor CARLA HALKEN</p> <p>Mailing Address of Donor 2240 SAN YSIDRO DRIVE</p> <p>City State Zip BEVERLY HILLS, CA 90210</p>	<p>Date of Receipt 11 / 01 / 2006</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor MICHAEL TOLKIN</p> <p>Mailing Address of Donor 150 SOUTH WINDSOR BLVD</p> <p>City State Zip LOS ANGELES, CA 90004</p>	<p>Date of Receipt 11 / 01 / 2006</p> <p>Amount 500.00</p>
<p>E. Full Name of Donor NICHOLAS JOSE FOWITZ</p> <p>Mailing Address of Donor 1 CHESTM CLOSE</p> <p>City State Zip LONDON, SW1X8DN ENGLAND</p>	<p>Date of Receipt 11 / 01 / 2006</p> <p>Amount 47,800.00</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 50,300.00</p>	
<p>TOTAL This Period (last page this line number only) ▶ 50,300.00 (carry total from last page to Line 9)</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee ABAR HUTTON MEDIA		Date of Disbursement or Obligation 11 03 2006	
Mailing Address of Payee 10190 GROVEDALE COURT		Amount 25,000.00	
City ALEXANDRIA, VA	State VA	Zip Code 22310	Communication Date 11 03 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 Jim 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 SQUIER KNAPP DUNN COMMUNICATIONS		Date of Disbursement or Obligation 11 02 2006	
Mailing Address of Payee 1818 N ST, NW, SUITE 450		Amount 16,500.00	
City WASHINGTON, DC	State DC	Zip Code 20036	Communication Date 11 02 2006
Name of Employer N/A	Occupation N/A		
Purpose of Disbursement (Including title(s) of communication(s)) MEDIA BUY & PRODUCTION 'ARMED FORCES'			
Name of Federal Candidate Jim 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) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)		41,500.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		41,500.00	

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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.

26039264393

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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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