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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:

26039264394

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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**

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

B. Custodian of Records

(a) Name **MARK LONGGABAUH**

(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 **50,000.00**

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 P. LONGGABAUH

SIGNATURE

Mark P. Longgabauh

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. §437g.

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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

<p>A. Full Name of Donor THOMAS SAFRAN</p> <p>Mailing Address of Donor 11812 SAN VICENTE BLVD #100</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)</p>	<p>50,300.00</p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p>50,300.00</p>

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SCHEDULE 9-B

PAGE OF

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee AFAR HUTTON MEDIA				Date of Disbursement or Obligation 11 02 2006	
Mailing Address of Payee 6190 GROVEDALE COURT				Amount 50,000.00	
City ALEXANDRIA, VA		State VA		Zip Code 22310	
Name of Employer N/A		Occupation N/A		Communication Date 11 03 2006	
Purpose of Disbursement (Including title(s) of communication(s)) MEDIA BUY "FAMILIES"					
Name of Federal Candidate RICHARD POMBO		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CA District: 11	
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					
Mailing Address of Payee					
City		State		Zip Code	
Name of Employer		Occupation		Date of Disbursement or Obligation	
Amount					
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)				50,000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				50,000.00	

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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> No Postmark	
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