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DATE: October 11, 2008 COVER SHEET & 5 PAGE(S)

CLIENT NUMBER: 60677-0001

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>218-0174</i>

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(D/062640.035)

26039204465

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

<b>1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations</b>	
(a) Name <b>MAJORITY ACTION</b>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>2207 VALLEY CIRCLE</b>	<b>2. FEC Identification Number</b> <b>C30000533</b>
(c) City, State and ZIP Code <b>ALEXANDRIA, VA 22302</b>	
(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>3. Is This Statement</b> <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	<b>4. Covering Period</b> <b>10 11 2006</b> through <b>10 11 2006</b>
<b>5. (a) Date of Public Distribution(s)</b> <b>10 11 2006</b>	<b>(b) Communication Title</b> <b>THINK AGAIN THINK YOU KNOW</b>
<b>6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>8. Custodian of Records</b>	
(a) Name <b>MARK LONGABAUGH</b>	
(b) Address (number and street) <b>2207 VALLEY CIRCLE</b>	
(c) City, State and ZIP Code <b>ALEXANDRIA, VA 22302</b>	
(d) Name of Employer or Principal Place of Business <b>SELF EMPLOYED</b>	(e) Occupation <b>CONSULTANT</b>
<b>9. Total Donations This Statement</b>	<b>11,000.00</b>
<b>10. Total Disbursements/Obligations This Statement</b>	<b>140,810.00</b>

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

*Mark P. Longaugh*

DATE

**10/11/2006**

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

26039204466

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 LONGABRUU	
(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	

2603920467

SCHEDULE 9-A  
Donation(s) Received

26039204468

<p>A. Full Name of Donor <b>RICHARD BURNES, JR</b></p> <p>Mailing Address of Donor <b>16 ACORN STREET</b></p> <p>City State Zip <b>BOSTON, MA 02108</b></p>	<p>Date of Receipt <b>10 11 2006</b></p> <p>Amount <b>1,000.00</b></p>
<p>B. Full Name of Donor <b>HAROLD SNYDER</b></p> <p>Mailing Address of Donor <b>1965 BROADWAY #213</b></p> <p>City State Zip <b>NEW YORK, NEW YORK 10023</b></p>	<p>Date of Receipt <b>10 11 2006</b></p> <p>Amount <b>1,000.00</b></p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) <b>1,000.00</b></p>	
<p>TOTAL This Period (last page this line number only) <b>1,000.00</b> (carry total from last page to Line 9)</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> SQUIRZ KNAPP DUNN COMMUNICATIONS		<b>Date of Disbursement or Obligation</b> 10 10 2006	
<b>Mailing Address of Payee</b> 1818 N ST, NW SUITE 450		<b>Amount</b> 140,810.00	
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code</b> 20036	<b>Communication Date</b> 10 11 2006
<b>Name of Employer</b> NA		<b>Occupation</b> N/A	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> MEDIA BUY AND PRODUCTION "THINK AGAIN" "THINK YOU KNOW"			
<b>Name of Federal Candidate</b> SUE KELLY	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> NY <b>District:</b> 19	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b>  <b>District:</b>  	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b>  <b>District:</b>  	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>		<b>Date of Disbursement or Obligation</b>	
<b>Mailing Address of Payee</b>		<b>Amount</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Communication Date</b>
<b>Name of Employer</b>		<b>Occupation</b>	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b>			
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b>  <b>District:</b>  	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b>  <b>District:</b>  	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b>  <b>District:</b>  	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		 	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)		140,810.00	

"THINK AGAIN" "THINK YOU KNOW"

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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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 Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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 PREPARER

N/A  
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26039204470