



FACSIMILE COVER SHEET

CONFIDENTIAL AND PRIVILEGED

If there are any problems with this transmission, please call:

*Sender's name and phone number

607 Fourteenth Street, N.W.
Washington, D.C. 20005-2011
PHONE 202.628.6600
FAX 202.434.1690
www.perkinscoie.com

DATE: October 11, 2006 COVER SHEET & 5 PAGE(S)

CLIENT NUMBER: 50677-0001

RETURN TO: (NAME) Mark Longabaugh (EXT.) 1658 (ROOM No.) 800

ORIGINAL DOCUMENT(S) WILL BE: SENT TO YOU HELD IN OUR FILES

SENDER:	TELEPHONE:	FACSIMILE:
<i>Mark Longabaugh</i>		

RECIPIENT:	COMPANY:	TELEPHONE:	FACSIMILE:
	<i>Federal Election Commission</i>		<i>219-0174</i>

RE:

2603920477

This Fax contains confidential, privileged information intended only for the intended addressee. Do not read, copy or disseminate it unless you are the intended addressee. If you have received this Fax in error, please email it back to the sender at perkinscoie.com and delete it from your system or call us (collect) immediately at 202.628.6600, and mail the original Fax to Perkins Coie LLP, 607 Fourteenth Street, N.W., Washington, D.C. 20005-2011.

ANCHORAGE · BEIJING · BELLEVUE · BOISE · CHICAGO · DENVER · LOS ANGELES
MENLO PARK · OLYMPIA · PHOENIX · PORTLAND · SAN FRANCISCO · SEATTLE · WASHINGTON, D.C.
Perkins Coie LLP and Affiliates

[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 MAJORITY ACTION	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2207 VALLEY CIRCLE	2. FEC Identification Number C30000533
(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="radio"/> New or <input type="radio"/> Amended	4. Covering Period 10/10/2006 through 10/10/2006
5. (a) Date of Public Distribution(s) 10/10/2006	(b) Communication Title FAMILIES
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?	Yes 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
8. Custodian of Records	
(a) Name MARK LONGABARDU	
(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	0.00
10. Total Disbursements/Obligations This Statement	219,348.00

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. LONGABARDU

SIGNATURE

Mark P. Longabard

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.

26039204478

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 LONGWADZAN	
(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	

26039204479

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 4

A. Full Name (Last, First, Middle Initial) of Payee AT&T HUTTON MEDIA		Date of Disbursement or Obligation 10/06/2006
Mailing Address of Payee 10190 GROVEDALE COURT		Amount \$211,348
City ALEXANDRIA	State VA	Zip Code 22310
Name of Employer N/A	Occupation N/A	Communication Date 10/10/2006

Purpose of Disbursement (including title(s) of communication(s))
MEDIA BUY "FAMILIES"

Name of Federal Candidate CHRIS CHOCOLA	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State IN	District 02	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate THELMA DRAKE	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State VA	District 02	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate DON SHERWOOD	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State PA	District 10	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee FIRST TUESDAY MEDIA		Date of Disbursement or Obligation 10/10/2006
Mailing Address of Payee 1148 NORTH POINSETTIA PLACE		Amount \$8,000
City WEST HOLLYWOOD	State CA	Zip Code 90046
Name of Employer N/A	Occupation N/A	Communication Date 10/10/2006

Purpose of Disbursement (including title(s) of communication(s))
MEDIA PRODUCTION "FAMILIES"

Name of Federal Candidate CHRIS CHOCOLA	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State IN	District 02	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate THELMA DRAKE	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State VA	District 02	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate DON SHERWOOD	Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State PA	District 10	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursements/Obligations This Page (optional) _____ ▶

TOTAL This Period (last page this line number only) _____ ▶ **219,348.00**
(carry total from last page to Line 10)

26039204480

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee ABAR HUTTON MEDIA		Date of Disbursement or Obligation 10/06/2006	
Mailing Address of Payee (CONTINUED FROM		Amount \$211,348	
City _____ State _____ Zip Code _____ PREVIOUS PAGE)		Communication Date 10/10/2006	
Name of Employer _____ Occupation _____			
Purpose of Disbursement (including title(s) of communication(s))			
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 FIRST TUESDAY MEDIA		Date of Disbursement or Obligation 10/10/2006	
Mailing Address of Payee (CONTINUED FROM		Amount \$8000	
City _____ State _____ Zip Code _____ PREVIOUS PAGE)		Communication Date 10/10/2006	
Name of Employer _____ Occupation _____			
Purpose of Disbursement (including title(s) of communication(s))			
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) _____
SUBTOTAL of Disbursements/Obligations This Page (optional) _____			
TOTAL This Period (last page this line number only) _____ (carry total from last page to Line 10)			

2603920481

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<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
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
 PREPARER

N/A
 DATE PREPARED

26039204482