



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: November 6, 2006 COVER SHEET & 2 PAGE(S)

CLIENT NUMBER: 58502-0001

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:
<u>Mark Longabaugh</u>		

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

RE:

26039270520

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) 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
C20000533

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 SERVICES"**

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107 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 LONGABAUUM**

(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 **44,300.00**

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

SIGNATURE

Mark P. Longabaum
Mark P. Longabaum

DATE

11/6/06

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5437g.

26039270521

SCHEDULE 9-B

PAGE OF

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee ABAR HUTTON MEDIA		Date of Disbursement or Obligation 11 03 2006
Mailing Address of Payee 6190 CREVEDALE COURT		Amount 27,800.00
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 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
Name of Employer N/A	Occupation N/A	Communication Date 11 02 2006
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)		44,300.00
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		44,300.00

26039270522

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

26039270523