



FACSIMILE COVER SHEET

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DATE: October 17, 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:

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[DAD62640.035]

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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	2. FEC Identification Number C30000533
(b) Address (number and street) <input type="checkbox"/> 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	
3. Is This Statement <input checked="" type="radio"/> New or <input type="radio"/> Amended	4. Covering Period 10 17 2006 through 10 17 2006
5. (a) Date of Public Distribution(s) 10 17 2006	(b) Communication Title FAMILIES
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107?	Yes <input type="checkbox"/> 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 <input type="checkbox"/>
8. Custodian of Records	
(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 SELF-EMPLOYED	(e) Occupation CONSULTANT
9. Total Donations This Statement	6700.00
10. Total Disbursements/Obligations This Statement	24900.00

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. LONGABAUGH

SIGNATURE

Mark P. Longaugh

DATE

10/16/2006

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

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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 RICHARD HARPOULIAN</p> <p>Mailing Address of Donor P.O. Box 1090</p> <p>City State Zip COLUMBIA SC 29202</p>	<p>Date of Receipt 10 13 2006</p> <p>Amount 5000.00</p>
<p>B. Full Name of Donor HEATHER THOMAS</p> <p>Mailing Address of Donor 152100</p> <p>City State Zip SHERMAN OAKS CA 91403</p>	<p>Date of Receipt 10 13 2006</p> <p>Amount 1000.00</p>
<p>C. Full Name of Donor KIP SKUMAN</p> <p>Mailing Address of Donor 5664 CASCADE PL.</p> <p>City State Zip DENVER CO 80218</p>	<p>Date of Receipt 10 13 2006</p> <p>Amount 500.00</p>
<p>D. Full Name of Donor PAUL KOENIGSBERG</p> <p>Mailing Address of Donor 237 WEST 109TH STREET</p> <p>City State Zip NEW YORK NY 10025</p>	<p>Date of Receipt 10 14 2006</p> <p>Amount 200.00</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) 6700.00</p>	
<p>TOTAL This Period (last page this line number only) 6700.00 (carry total from last page to Line 9)</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 ABAR HUTTON MEDIA				Date of Disbursement or Obligation 10 16 2006	
Mailing Address of Payee 6190 GROVEDALE COURT				Amount 24,900.00	
City ALEXANDRIA, VA		State VA		Zip Code 22310	
Name of Employer N/A		Occupation N/A		Communication Date 10 17 2006	
Purpose of Disbursement (Including title(s) of communication(s)) MEDIA BUY "FAMILIES"					
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:		State:	
Name of Federal Candidate		Office Sought:		State:	
Name of Federal Candidate		Office Sought:		State:	
B. Full Name (Last, First, Middle Initial) of Payee					
Mailing Address of Payee					
City		State		Zip Code	
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought:		State:	
Name of Federal Candidate		Office Sought:		State:	
Name of Federal Candidate		Office Sought:		State:	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 24,900.00					
TOTAL This Period (last page this line number only) ▶ 24,900.00 <small>(carry total from last page to Line 10)</small>					

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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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	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 Senate Public Records Office	Date of Receipt
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