

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:
<u>Mark Longabaugh</u>		

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

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[DA062640.035]

26039230690

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
C 30000533

3. Is This Statement New or Amended

4. Covering Period **10 17 2006** through **10 17 2006**

5. (a) Date of Public Distribution(s) **10 17 2006** (b) Communication Title **THINK AGAIN THINK YOU KNOW**

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 LONGABAUH**

(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 **6,700.00**

10. Total Disbursements/Obligations This Statement **129,310.00**

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. LONGABAUH

SIGNATURE

Mark P. Longabauh

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 LONGARBAUGH		
	(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
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 HARPOOTLIAN</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 5,000.00</p>
<p>B. Full Name of Donor HEATHER THOMAS #1040</p> <p>Mailing Address of Donor KESLIE SCHUBERT; 15200 VENTURA BLVD</p> <p>City State Zip SHERMAN OAKS, CA 91403</p>	<p>Date of Receipt 10 13 2006</p> <p>Amount 1,000.00</p>
<p>C. Full Name of Donor KIP SLUMAN</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) 6,700.00</p>	
<p>TOTAL This Period (last page this line number only) 6,700.00 (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 SQUIER KNAPP DUNN COMMUNICATIONS		Date of Disbursement or Obligation 10 16 2006
Mailing Address of Payee 1818 N STREET NW S. 450		Amount 129,310.00
City WASHINGTON, DC	State DC	Zip Code 20036
Name of Employer N/A	Occupation N/A	Communication Date 10 17 2006
Purpose of Disbursement (including title(s) of communication(s)) MEDIA BUY "THANK AGAIN" "THANK YOU KNOW"		
Name of Federal Candidate SURE KALUNY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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	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	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		Date of Disbursement or Obligation
Mailing Address of Payee		Amount
City	State	Zip Code
Name of Employer	Occupation	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	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	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	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)		

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Federal Election Commission
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