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: Lantern Project

(b) Address (number and street) ☐ check if different than previously reported: 1735 Market Street Suite A425

(c) City, State and ZIP Code: Philadelphia PA 19103

2. FEC Identification Number: C

(d) Name of Employer or Principal Place of Business: N/A

(e) Occupation: N/A

3. Is This Statement ☒ New or Amended

4. Covering Period 10 11 2006 through 10 17 2006

5. (a) Date of Public Distribution(s) 10 17 2006 (b) Communication Title Capitol + DC

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes ___ No X

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes ___ No X

8. Custodian of Records

(a) Name: Alicia Alexon

(b) Address (number and street): 1735 Market Street, Suite A425

(c) City, State and ZIP Code: Philadelphia PA 19103

(d) Name of Employer or Principal Place of Business: Self Employed

(e) Occupation: Consultant

9. Total Donations This Statement $ 0

10. Total Disbursements/Obligations This Statement $ 3000000

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: Alicia Alexon

SIGNATURE: Alicia Alexon DATE: 10/17/2006

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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