

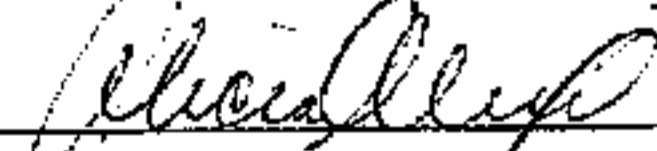
FEC FORM 9

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) <input type="checkbox"/> check if different than previously reported 1735 Market Street, Suite A425	2. FEC Identification Number C
(c) City, State and ZIP Code Philadelphia, PA 19103	
(d) Name of Employer or Principal Place of Business N/A	(e) Occupation N/A
3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period 09 19 2006 through 09 22 2006
5. (a) Date of Public Distribution(s) 09 22 2006	(b) Communication Title Capitol
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?	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 type="checkbox"/> No <input checked="" type="checkbox"/>
8. Custodian of Records	
(a) Name Alicia Alexion	
(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	1 6 0 2 0 0 0 0 0
10. Total Disbursements/Obligations This Statement	1 1 2 5 0 0 0 0

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 Alexion

SIGNATURE  DATE 9/27/06

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

28030101843

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	
(a) Name	Alicia Alexion
(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
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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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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