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SENDER:	TELEPHONE:	FACSIMILE:
<i>Mark P. Longabaugh</i>	<i>(202) 434-1658</i>	

RECIPIENT:	COMPANY:	TELEPHONE:	FACSIMILE:
	<i>Federal Election Commission</i>		<i>(202) 219-0174</i>

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[FAXCOVER.01]

2003918085

# FEC FORM 9

## 24 Hour Notice of Disbursements/Obligations for Electioneering Communication

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligation

(a) Name \*

Majority Action

(b) Address (number and street) \*  check if different than previously reported

2207 Valley Circle

(c) City

Alexandria

State

Virginia

Zip

22302

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number C

3. Is this report an amendment? \*  Yes  No

4. Covering Period 09/07/2005 (mm/dd/yyyy) through 09/07/2006 (mm/dd/yyyy)

5. (a) Date of Public Distribution(s)

09/07/2006 (mm/dd/yyyy)

(b) Communication Title

Iraq/Trips

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? 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 Longabaugh

(b) Address (number and street)

2207 Valley Circle

City

Alexandria

State

Virginia

Zip

22302

(d) Name of Employer or Principal Place of Business

Self-Employed

(e) Occupation

Consultant

9. Total Donations This Statement 420000.00

10. Total Disbursements/Obligations This Statement 115061.00

11. List of Person(s) Sharing/Exercising Control 

(use the Add Another Person button to add as many people as necessary)



2003030180359

Person Record #1.

(a) Name \*

Mark Longabaugh

(b) Address (number and street)

2207 Valley Circle

City State Zip

Alexandria Virginia 22302

(d) Name of Employer or Principal Place of Business

Self-Employed

(e) Occupation

Consultant

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SCHEDULE 9-A

Add Another Donation

Donation(s) Received

(use the Add Another Donation button to add as many donations as necessary)

Donation #1.

Delete Record

Entity Type of Donor\*

Individual (a person)

Full Name of Donor\*

Organization Name
Last Name: Hunting First Name: John
Middle Name: Prefix: Suffix:

Date of Receipt\*

07/31/2006 (mm/dd/yyyy)

Amount \*

100,000.00

Mailing Address of Donor

161 Ottawa Avenue, N.W.

Suite 501-H

City State Zip

Grand Rapids Michigan 49503

Donation #2.

Delete Record

Entity Type of Donor\*

Individual (a person)

Full Name of Donor\*

Organization Name
Last Name: Pritzker First Name: Linda
Middle Name: Prefix: Suffix:

Date of Receipt\*

08/07/2006 (mm/dd/yyyy)

Amount \*

100,000.00

Mailing Address of Donor

3555 Timmons Lane

25039180870

Suite 800  
 City: Houston State: Texas Zip: 77027

Donation #3.

Entity Type of Donor\*

Individual (a person)

Full Name of Donor\*

Organization Name: \_\_\_\_\_  
 -or-  
 Last Name: Schwartz First Name: Bernard  
 Middle Name: \_\_\_\_\_ Prefix: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Receipt\*

08/11/2006 (mm/dd/yyyy)

Amount \*

50,000.00

Mailing Address of Donor

944 Fifth Avenue  
 City: New York State: New York Zip: 10021

Donation #4.

Entity Type of Donor\*

Individual (a person)

Full Name of Donor\*

Organization Name: \_\_\_\_\_  
 -or-  
 Last Name: Longabaugh First Name: Jewell  
 Middle Name: \_\_\_\_\_ Prefix: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Receipt\*

07/21/2005 (mm/dd/yyyy)

Amount \*

50,000.00

Mailing Address of Donor

101 Woodmoor Cove  
 City: Clinton State: Mississippi Zip: 39056

Donation #5.

Entity Type of Donor\*

Individual (a person)

Full Name of Donor\*

Organization Name: \_\_\_\_\_  
 -or-  
 Last Name: Soros First Name: George  
 Middle Name: \_\_\_\_\_ Prefix: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Receipt\*

07/21/2006 (mm/dd/yyyy)

Amount \*

120000.00

25039180871

Mailing Address of Donor

888 Seventh Avenue

City  
New York

State  
New York

Zip  
10106

TOTAL This Period (Tally this total to Line 9) 420000.00

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

(use the Add Another Disbursement button to add as many disbursements as necessary)

Disbursement #1.

Entity Type of Payee\*

Organization (not a committee and not a person)

Name of Payee \*

Organization Name Squier Knapp Dunn Communications

-or-

Last Name First Name

Middle Name Prefix Suffix

Mailing Address of Payee

1818 N Street, N.W.  
Suite 450

City State Zip  
Washington Dist of Columbia 20036

Name of Employer Occupation  
N/A N/A

Purpose of Disbursement (Including title(s) of communication(s)) \*

Media Buy & Production (Iraq)

Date of Disbursement or Obligation \*

09/07/2006 (mm/dd/yyyy)

Amount \*

87,755.00

Communication Date

09/07/2006 (mm/dd/yyyy)

Name of Federal Candidate\*

James Walsh

Office Sought \*

- House
- Senate
- President

State\*

New York  
District  
25

Disbursement/Obligation For \*

- Primary
- General
- Other (specify):

28039180872

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Disbursement #2.

Entity Type of Payee\*

Organization (not a committee and not a person)

Name of Payee \*

Organization Name

-or-

Last Name  First Name

Middle Name  Prefix  Suffix

Mailing Address of Payee

1818 N Street, N.W.  
Suite 450

City  State  Zip

Name of Employer  Occupation

Purpose of Disbursement (Including title(s) of communication(s)) \*

Date of Disbursement or Obligation \*

(mm/dd/yyyy)

Amount \*

Communication Date

(mm/dd/yyyy)

Add Another Candidate

Name of Federal Candidate*	Office Sought *	State*	Disbursement/Obligation For *
<input type="text" value="Deborah Pryce"/>	<input checked="" type="radio"/> House <input type="radio"/> Senate <input type="radio"/> President	<input type="text" value="Ohio"/> District <input type="text" value="15"/>	<input type="radio"/> Primary <input checked="" type="radio"/> General <input type="radio"/> Other (specify): <input type="text"/>

TOTAL This Period (Tally this total to Line 10)

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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.

SIGNATURE \*

DATE \*  (mm/dd/yyyy)

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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FEC Form 9 (Rev. 02/2003)

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463  
Toll Free 800-424-9530, Local 202-694-1100

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25039180873

Federal Election Commission  
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