



National Republican Congressional Committee

**Tom Cole, M.C.
Chairman**

**Pete Kirkham
Executive Director**

September 26, 2008

Thomasenia Duncan, Esquire
General Counsel
Federal Election Commission
999 E Street, NW
Washington, DC 20463

MUR # 6082

Re: Complaint Against Majority Action

Dear Ms. Duncan:

Pursuant to 2 USC § 437g(a)(1) and 11 CFR § 111.4, please accept this letter as a Complaint against Majority Action. Majority Action is operating in violation of the Federal Election Campaign Act of 1971, as amended (the "Act"), and Federal Election Commission ("FEC" or "Commission") regulations by failing to register and report with the Commission as a political committee, and accepting excessive contributions from individuals and contributions from prohibited sources.

I. Factual Background

Beginning with the 2006 election cycle, Majority Action spent over \$1.8 million on television advertisements opposing Republican candidates running for the U.S. House of Representatives. Yet, because Majority Action is registered with the IRS as a 527 committee rather than the FEC as a Federal political committee, they are able to accept donations in amounts that exceed the federal limits and from sources prohibited by federal law.

Now, two years later, Majority Action has stated that it intends to spend between \$2 million and \$10 million on as many as ten elections for Federal office. See Exhibit A.

320 First Street S.E.
Washington D.C. 20003
(202) 479-7000

Paid for by the National Republican Congressional Committee and not
Authorized by any Member of Congress or Candidate's Committee

Majority Action's stated goals are to promote and build "a Democratic progressive agenda in the U.S. Senate and House of Representatives" and to shine a light on "the voting records of Republican members of Congress." See www.majorityaction.net. The goals speak for themselves: Majority Action's major purpose is to influence federal elections.

Indeed, they are, or have run television advertisements in the current election cycle against the following Federal candidates who are running for Federal office.

- Congresswoman Marilyn Musgrave
- Senator Elizabeth Dole
- Senator Gordon Smith

Moreover, disclosure forms filed with the Internal Revenue Service show that Majority Action spends a disparate amount of its resources in election years and only to oppose the election of candidates to Federal office. In 2006, Majority Action reported \$1,885,724 in expenses, including \$1,033,486 in advertising costs for ads aired in connection with federal elections. See Exhibit C. Yet, in 2007, Majority Action reported a mere \$40,554 in expenses. See Exhibit D. Finally, as stated above, in 2008 the group hopes to spend between \$2 million and \$10 million on elections for Federal office. See Exhibit A. Thus, Majority Action's major purpose is to defeat Republican candidates as evidenced by its spending patterns and activities.

II. Legal Analysis

The Act defines a political committee as "any committee, club, association or other group of persons which receives contributions aggregating in excess of \$1,000 during a calendar year or which makes expenditures aggregating in excess of \$1,000 during a calendar year." 2 USC § 431(4)(A). The Act defines a "contribution" as anything of value made by a person for the purpose of influencing a federal election. 2 USC § 431(8)(A)(i). Commission regulations also define contributions as funds sent to an organization in response to a communication that indicates any portion of the funds received will be used to support or oppose the election of a clearly identified candidate. 11 CFR § 100.57(a). "Expenditures" are also defined as anything of value made by any person for the purpose of influencing any election for Federal office. 2 USC § 431(9)(A)(i). Moreover, organizations with a major purpose of engaging in campaign activity can be considered political committees under the Act and Commission regulations. Buckley v. Valeo, 424 U.S. 1, 79 (1976).

Political committees are required to register with and report to the Commission. The Act and Commission regulations limit the amount an individual may contribute to a political committee to \$5,000 per calendar year. Corporations and labor organizations are prohibited from making contributions to political committees. 2 USC § 441b(a).

¹ The organization's campaign advertisements are currently available on the website listed above and www.youtube.com for your review. A copy of Majority Action's most recent IRS Form 8872, copies of its website, and copies of the organization's FEC Form 9's are attached to this Complaint for your review and convenience. See Exhibit B.


Majority Action's blatant attacks of Republican candidates and its disparate spending in election years clearly demonstrate that its major purpose is to influence Federal elections. In fact, Majority Action elected section 527 tax status, and as such, has already conceded that their major purpose is to influence the election of individuals to Federal office.

As of the date of this filing, nothing has changed.² Majority Action has admitted that its funds and resources are spent attacking Republican federal candidates for the purpose of influencing federal elections. There is sufficient basis to find that Majority Action is a political committee under the Act and Commission regulations and has failed to satisfy the Act's registration and reporting requirements. As such, Majority Action has accepted contributions from prohibited sources and in amounts exceeding the applicable limits under the Act.

Accordingly, we respectfully request that the Commission conduct an immediate investigation into the violations outlined above and impose the maximum penalty under law.

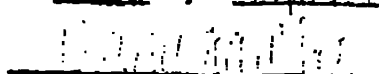
The foregoing is correct and accurate to the best of my knowledge, information and belief.

Respectfully submitted,



Elizabeth N. Beacham

Sworn to and subscribed before me this 26 day of September, 2008.

District of Columbia: SS
Subscribed and Sworn to before me,
this 26th day of September, 2008.

Diane K. Leo, Notary Public, D.C.
My commission expires May 14, 2013

Notary Public

My Commission Expires:

Diane K. Leo
Notary Public, District of Columbia
My Commission Expires 5/14/2013

² We note that a Complaint was filed by Democracy 21 and Campaign Legal Center against Majority Action on October 12, 2006. As of the date of this filing, September 26, 2008, the complaint is pending before the Commission.

Join Us | Email Address: Zip Code:

In the News...

Liberal 527 group returns to focus on House and Senate

Wednesday Jul 2, 2008
By Sam Youngman
The Hill

The Majority Action Fund, one of George Soros's liberal 527 groups that helped Democrats retake the House in 2006, is back in action after lying dormant for the last two years.

Although Soros is sitting on the sidelines so far this cycle, the group has expanded its scope to include Senate races as it works to offset conservative groups that have upped the ante in down-ballot races while most Democrats have focused on the presidential race.

Democratic strategist Bill Buck, who is spearheading the group's efforts, said this week that because Democrats have been so concerned about taking back the White House, outside conservative groups have been able to make commitments and get involved on the congressional level without drawing much attention or pushback.

"I think that's something that people are missing because everybody's looking at the presidential level," Buck told The Hill. "Part of our role will be to serve as a counterbalance."

Buck cites the growing efforts of groups like Freedom's Watch and the U.S. Chamber of Commerce, both of which are poised to play heavy on the congressional level.

Buck said the primary role of the Majority Action Fund will be to highlight the voting records of Republican incumbents who they deem vulnerable.

"Our goal is to shine a bright spotlight on Republican records," Buck said.

So far this year, the Majority Action Fund has only gotten involved in Oregon, where it has proven to be an early headache for the reelection efforts of Republican Sen. Gordon Smith.

"We're gearing back up now," Buck said. "You got to start somewhere."

The campaign has run more than \$250,000 in ads against Smith, targeting him over high gas prices and his support for the Bush administration's energy bill.

Those initial ads sparked a bit of a firestorm in the campaign as Smith hit back with an ad incorporating Democratic presidential candidate Sen. Barack Obama (Ill.) and his work with Smith on raising fuel standards.

Following those ads and one asserting that Smith has supported Bush's agenda 65 percent of the time, Brooks Kochvar, Smith's campaign manager, responded with a memo warning Democratic challenger state Rep. Jeff Merdley to be wary of outside groups and explaining the response ad.

"Not only does our ad directly refute the previous attack ad -- it creates a serious credibility problem for any other special interest group looking to hit the Oregon airwaves and smear Smith's record," Kochvar wrote. "The Majority Action ad brought to light an essential point: Attacking Gordon Smith has consequences -- ones Majority Action, Jeff Merdley and the [Democratic Senatorial Campaign Committee] certainly weren't ready for."

Majority Action Fund is set to get involved in as many as 10 races on both the House and Senate levels, and they are hoping to raise and spend between \$2 million and \$10 million.

The group is set to kick off a "big fundraising push" in the next four to six weeks, and during that time it will announce its new board members.

In 2006, board members included former Democratic National Committee (DNC) Chairman Don Fowler and former Rep. Martin Frost (D-Texas).

Buck said the campaign is gearing up and preparing to try and spread its influence because Democratic focus has been almost entirely on the race for the White House, and House and Senate candidates could suffer as a result.

But one Republican consultant for a conservative group disputed that idea, pointing to the fundraising success the Democratic Congressional Campaign Committee (DCCC) is enjoying over its Republican counterpart.

"I don't know how you can argue that with a straight face," the GOP strategist said.

That strategist noted that the DCCC has significantly outraised the National Republican Campaign Committee (NRC) (Most recent cash-on-hand totals show the DCCC with \$47.2 million to the NRC's \$8.7 million).

By contrast, the strategist noted, the Republican National Committee (RNC) has significantly outpaced the DNC, which points to a GOP donor base focused more on the presidential race than down-ballot contests.

Press Releases

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Read All

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Read All

Exhibit A

29044242709

"Where the energy is not where it should be is at the congressional level," the strategist said.

Ed Patru, a spokesman for Freedom's Watch, said the group sees a "huge need" for involvement in congressional races.

"We see an opening to impact issue debate at the congressional level," Patru said.

Buck said there is a need to balance what conservative groups are doing to influence down-ballot races, and liberal groups are being outgunned so far.

But Buck cautioned that it's still too early to tell how much of an advantage outside conservative groups enjoy.

"It's too early to say because you haven't seen a lot of activity yet," Buck said. "I think everybody's keeping it close to the vest."

Freedom's Watch, for example, is not disclosing how much it plans to spend this year, providing for one of the cycle's biggest ongoing mysteries.

The Washington Post reported Tuesday that Freedom's Watch is launching radio ads in 16 congressional districts this week, and Patru said the group has been and will continue to get involved in Senate races as well.

[Make a Contribution](#)
[Back to News Articles](#)
[Press Releases/Clips](#)

Majority Action • 1401 K Street, NW, 2nd Floor • Washington, DC 20005 • (202) 772-6813 • [Contact Us](#)

Paid for by Majority Action

29044242710

Form
(November 2002)

8872

Political Organization Report of Contributions and Expenditures

OMB No. 1545-1696

Department of the Treasury
Internal Revenue Service

► See separate instructions.

A For the period beginning 04/01/2008

and ending 06/30/2008

B Check applicable box: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization

Employer identification number

Majority Action

35-2258122

2 Mailing address (P.O. box or number, street, and room or suite number)

PO Box 76187

City or town, state, and ZIP code

Washington, DC 20013

3 E-mail address of organization:

no@email

4 Date organization was formed:

07/12/2005

5a Name of custodian of records

Judith G. Zamore

5b Custodian's address

PO Box 76187

Washington, DC 20013

6a Name of contact person

Judith G. Zamore

6b Contact person's address

PO Box 76187

Washington, DC 20013

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

PO Box 76187

City or town, state, and ZIP code

Washington, DC 20013

8 Type of report (check only one box)

☐ First quarterly report
(due by April 15)

☒ Second quarterly report
(due by July 15)

☐ Third quarterly report
(due by October 15)

☐ Year-end report
(due by January 31)

☐ Mid-year report (Non-election
year only due by July 31)

☐ Monthly report for the month of:

(due by the 20th day following the month shown above, except the
December report, which is due by January 31)

☐ Pre-election report (due by the 12th or 15th day before the election.)

(1) Type of election:

(2) Date of election:

(3) For the state of:

☐ Post-general election report (due by the 30th day after general election)

(1) Date of election:

(2) For the state of:

9 Total amount of reported contributions (total from all attached Schedules A).....9. \$ 455000

10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 312302

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Judith Zamore

07/10/2008

Sign
Here

Signature of authorized official

Date

Exhibit B

DATE PREPARED

Schedule A Itemized Contributions**Schedule A****Contributor's name, mailing address and ZIP code**

Adam R. Rhee
PO Box 657
Cross River, NY 10518

Name of contributor's employer

Rose Associates, Inc
Contributor's occupation
President
Aggregate contributions year-to-date
\$ 5000

Amount of contribution

\$ 5000
Date of contribution
04/07/2008

Contributor's name, mailing address and ZIP code

UPCW
1775 K St NW
Washington, DC 20036

Name of contributor's employer

N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
\$ 100000

Amount of contribution

\$ 100000
Date of contribution
06/11/2008

Contributor's name, mailing address and ZIP code

SEIU Political Education & Action Fund
1800 Massachusetts Ave NW
Washington, DC 20036

Name of contributor's employer

N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
\$ 200000

Amount of contribution

\$ 200000
Date of contribution
05/23/2008

Contributor's name, mailing address and ZIP code

1199 SEIU NYS Political Action Fund
PO Box 2612
New York, NY 10108

Name of contributor's employer

N/A
Contributor's occupation
N/A
Aggregate contributions year-to-date
\$ 150000

Amount of contribution

\$ 150000
Date of contribution
06/13/2008

29044242712

Schedule B Itemized Expenditures**Schedule B****Recipient's name, mailing address and ZIP code**

Meghan Gaffney
1401 K St NW
Washington, DC 20005

Name of recipient's employer

Majority Action
Recipient's occupation
Fundraiser

Amount of Expenditure

\$ 7500
Date of expenditure
05/01/2008

Purpose of expenditure
Fundraising

Recipient's name, mailing address and ZIP code

Meghan Gaffney
1401 K St NW
Washington, DC 20005

Name of recipient's employer

Majority Action
Recipient's occupation
Fundraiser

Amount of Expenditure

\$ 3750
Date of expenditure
05/23/2008

Purpose of expenditure
Fundraising

Recipient's name, mailing address and ZIP code

Meghan Gaffney
1401 K St NW
Washington, DC 20005

Name of recipient's employer

Majority Action
Recipient's occupation
Fundraiser

Amount of Expenditure

\$ 7500
Date of expenditure
06/12/2008

Purpose of expenditure
Fundraising

Recipient's name, mailing address and ZIP code

Meghan Gaffney
1401 K St NW
Washington, DC 20005

Name of recipient's employer

Majority Action
Recipient's occupation
Fundraiser

Amount of Expenditure

\$ 7500
Date of expenditure
04/01/2008

Purpose of expenditure
Fundraising

Recipient's name, mailing address and ZIP code

NGP Software
1225 Eye St NW, Suite 1225
Washington, DC 20005

Name of recipient's employer

N/A
Recipient's occupation
N/A

Amount of Expenditure

\$ 1500
Date of expenditure
06/12/2008

Purpose of expenditure
Software

Recipient's name, mailing address and ZIP code

Bill Buck
1401 K St NW
Washington, DC 20005

Name of recipient's employer

Self-Employed
Recipient's occupation
Consultant

Amount of Expenditure

\$ 10000
Date of expenditure
06/12/2008

Purpose of expenditure
Consulting Services

Recipient's name, mailing address and ZIP code

Russu Strategies, LLC
22251 Solitaire Dr
Boca Raton, FL 33428

Name of recipient's employer

N/A
Recipient's occupation
N/A

Amount of Expenditure

\$ 2500
Date of expenditure
06/12/2008

Purpose of expenditure
Website Design

Recipient's name, mailing address and ZIP code

Abar Hutton Media
6190 Grovedale Ct, Suite 200
Alexandria, VA 22310

Name of recipient's employer

N/A
Recipient's occupation
N/A

Amount of Expenditure

\$ 150000
Date of expenditure
06/11/2008

Purpose of expenditure
Media Buy

Recipient's name, mailing address and ZIP code

Parkins Cole
1201 Third Ave, 40th Floor
Seattle, WA 98101

Name of recipient's employer

N/A
Recipient's occupation
N/A

Amount of Expenditure

\$ 195
Date of expenditure
05/31/2008

Purpose of expenditure
Legal Services

29044242713

Recipient's name, mailing address and ZIP code
Hamilton Campaigns
4201 Connecticut Ave NW, Suite 610
Washington, DC 20008

Name of recipient's employer
N/A
Recipient's occupation
N/A

Amount of Expenditure
\$ 5000
Date of expenditure
05/14/2008

Purpose of expenditure
Research

Recipient's name, mailing address and ZIP code
Parkins Coie
1201 Third Ave, 40th Floor
Seattle, WA 98101

Name of recipient's employer
N/A
Recipient's occupation
N/A

Amount of Expenditure
\$ 135
Date of expenditure
03/05/2008

Purpose of expenditure
Legal Services

Recipient's name, mailing address and ZIP code
Parkins Coie
1201 Third Ave, 40th Floor
Seattle, WA 98101

Name of recipient's employer
N/A
Recipient's occupation
N/A

Amount of Expenditure
\$ 473
Date of expenditure
04/05/2008

Purpose of expenditure
Legal Services

Recipient's name, mailing address and ZIP code
New Future Communications, LLC
2400 16th St NW #110
Washington, DC 20009

Name of recipient's employer
N/A
Recipient's occupation
N/A

Amount of Expenditure
\$ 1000
Date of expenditure
06/17/2008

Purpose of expenditure
Rent

Recipient's name, mailing address and ZIP code
New Future Communications, LLC
2400 16th St NW #110
Washington, DC 20009

Name of recipient's employer
N/A
Recipient's occupation
N/A

Amount of Expenditure
\$ 1000
Date of expenditure
04/01/2008

Purpose of expenditure
Rent

Recipient's name, mailing address and ZIP code
The Zamore Group, LLC
PO Box 76187
Washington, DC 20013

Name of recipient's employer
N/A
Recipient's occupation
N/A

Amount of Expenditure
\$ 3000
Date of expenditure
06/06/2008

Purpose of expenditure
Compliance & Accounting Services

Recipient's name, mailing address and ZIP code
Aber Hutton Media
6190 Grovedale Ct, Suite 200
Alexandria, VA 22310

Name of recipient's employer
N/A
Recipient's occupation
N/A

Amount of Expenditure
\$ 92159
Date of expenditure
06/26/2008

Purpose of expenditure
Media Buy

Recipient's name, mailing address and ZIP code
Wild Bunch Consulting
2207 Valley Circle
Alexandria, VA 22302

Name of recipient's employer
N/A
Recipient's occupation
N/A

Amount of Expenditure
\$ 15340
Date of expenditure
06/20/2008

Purpose of expenditure
Media Production

Recipient's name, mailing address and ZIP code
Meghan Gaffney
1401 K St NW
Washington, DC 20005

Name of recipient's employer
Majority Action
Recipient's occupation
Fundraiser

Amount of Expenditure
\$ 3750
Date of expenditure
05/23/2008

Purpose of expenditure
Fundraising

29044242714

Join Us Email Address: Zip Code:

About Us

Majority Action is an independent political group organized under Section 527 of the Internal Revenue Code that promotes and builds a Democratic progressive agenda in the U.S. Senate and House of Representatives...

[More About Majority Action](#)

Majority Action Updates

MAJORITY ACTION RELEASES NEW AD IN NORTH CAROLINA

Thursday Aug 6, 2008
Asks North Carolinians to Call Elizabeth Dole and Tell Her "We Need Lower Fuel Costs..."

New Television Ad Focuses on Senator Gordon Smith's Record of Supporting George Bush 85 Percent of the Time

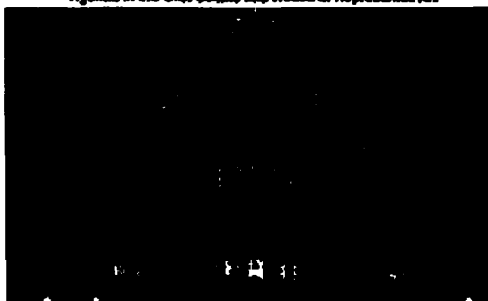
Friday Jun 27, 2008
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Liberal 527 group returns to focus on House and Senate

Wednesday 3, 2008
The Majority Action Fund, one of George Soros's liberal 527 groups that helped Democrats retain...

[Read All Press Archives](#)
[Read All News Archives](#)

MAJORITY ACTION: Promotes and Builds a Democratic Progressive Agenda in the U.S. Senate and House of Representatives



Majority Action shines a spotlight on Senators and Representatives through aggressive issue advocacy campaigns aimed at educating and informing the public about their voting records, issue positions and public actions. We draw attention to issues such as: the war in Iraq, the economy, rising gas prices, the foreclosure crisis, providing affordable health care, meeting our educational needs, and promoting a progressive judiciary to ensure that the American people know where their elected officials stand.

Featured Media

Record (CO-04)



New: Truth- Oregon

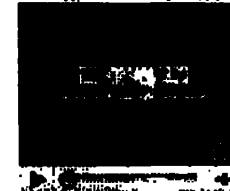


Silly- Colorado

NEW: Us- North Carolina

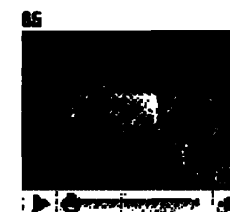


Billion- North Carolina



Travel Radio-Dole

Travel Radio- Smith (OR)



Dollars



Practicality by Margaret A. Aronson

Join Us Email Address Zip Code

Our History

Majority Action is an independent political group organized under Section 527 of the Internal Revenue Code that promotes and builds a Democratic progressive agenda in the U.S. Senate and House of Representatives. Our goal is to educate the American public about the voting records of Republican members of Congress and to create a positive issue environment for the success of a Democratic progressive agenda.

Majority Action shines light on these Senators and Representatives through aggressive issue advocacy campaigns aimed at educating and informing the public about their voting records, issue positions, and public actions. To date, we have challenged Republican Congresspersons around the nation on key issues of the day — ethics, the Iraq War, the minimum wage, congressional pay raises, the 2006 congressional pay scandal, and support for stem cell research.

Your support for Majority Action will help us continue to speak out on issues that matter to the American public. We need your help to promote a progressive Democratic agenda from attacks from the radical right. We will draw attention to issues such as the economy, gas prices, the War in Iraq, health care and the environment to ensure that the American people know where their elected officials stand.

Majority Action engages solely in issue advocacy, and does not make contributions or expenditures in connection with federal elections. None of the funds it receives will be used to support or oppose the election of a clearly identified federal candidate.

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FAX COVER SHEET**TO** Electioneering Communications Filing**COMPANY** FEC**FAX NUMBER** 12022190174**FROM** Judy Zamora**DATE** 2008-09-05 21:29:34 GMT**RE** Form 9**COVER MESSAGE**

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person making the Disbursements/Obligations

(a) Name

Majority Action
PO Box 76187
Washington DC 20013

2. FEC Identification Number

030000533

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

09 05 2008
through

09 05 2008

5. Is Date of Public Distribution

09 06 2008

(b) Communication Title

"Percent"

6. The filer is either (a) Individual or (b) Unincorporated Organization or (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(a) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(b) Other, specify:

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

8. Custodian of Records

(a) Name

Joan G. Zamore
PO Box 76187
Washington DC 20013

(b) Occupation

The Zamore Group, LLC Consultant

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

5311.196

Under penalty of perjury, I certify that this Statement is true, correct and complete.

FIVE OR MORE NAME OF PERSON COMPLETING FORM

Joan G. Zamore

SIGNATURE

Joan G. Zamore

DATE

9/5/08

NOTE: Any person who knowingly or recklessly provides false information in this statement is subject to the penalties of 18 U.S.C. 1001.

FEC FORM 9, JULY 2008

29044242719

28039824586

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

PAGE 3 OF

01. Person(s) Sharing/Exercising Control

A. (a) Name	
Mark Longbough	
(b) Address (number and street)	
PO Box 76177	
(c) City, State and ZIP Code	
Washington DC 20013	
(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

29044242720

28039824587

SCHEDULE 9-A
Donations Received

PAGE 00

A. Full Name of Donor Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt Amount
B. Full Name of Donor Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt Amount
C. Full Name of Donor Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt Amount
D. Full Name of Donor Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt Amount
E. Full Name of Donor Mailing Address of Donor City _____ State _____ Zip _____	Date of Receipt Amount
SUBTOTAL of Donations This Page (optional) TOTAL THIS PAGE (must add up to line number on page 1)	

FD-2850-01-001

REG. FORM 9-A (REV. 12/2007)

29044242721

28038824588

SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. For Name (Last, First, Middle Initial) of Payee <u>Pearl Vision Media</u> Address of Payee <u>6190 Gravelade Ct, Suite 200</u> <u>Alexandria, VA 22310</u> Name of Employer _____ Occupation _____		Date of Disbursement or Obligation <u>04-05-2008</u> Amount <u>51,500.00</u> Communication Date <u>04-05-2008</u>
Amount of Disbursement (including value of consideration) <u>Media buy - "Percent"</u>		
Name of Federal Candidate <u>Gordon Smith</u> Office Sought _____	Name _____ State <u>DR</u> Street _____ City _____ President _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____ Office Sought _____	Name _____ State _____ Street _____ City _____ President _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____ Office Sought _____	Name _____ State _____ Street _____ City _____ President _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
B. For Name (Last, First, Middle Initial) of Payee <u>Wild Bunch Consulting</u> Address of Payee <u>900 19th St NW #400</u> <u>Washington DC 20006</u> Name of Employer _____ Occupation _____		Date of Disbursement or Obligation <u>04-05-2008</u> Amount <u>1,521.96</u> Communication Date _____
Amount of Disbursement (including value of consideration) <u>Production expenses - "Percent"</u>		
Name of Federal Candidate <u>Gordon Smith</u> Office Sought _____	Name _____ State <u>DR</u> Street _____ City _____ President _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____ Office Sought _____	Name _____ State _____ Street _____ City _____ President _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____ Office Sought _____	Name _____ State _____ Street _____ City _____ President _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (page(s)) _____		<u>53,111.96</u>
TOTAL This Form (add page only line number only) _____ (carry over from next page to Line 10)		<u>53,111.96</u>

STANDARD FORM

12004752765 (2008)

29044242722

29044242723

28059824590

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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FAX COVER SHEET

TO Electioneering Communications Filing

COMPANY SEC

FAX NUMBER 12022190174

FROM Judy Zamora

DATE 2008-09-08 15:09:15 GMT

RE Form 9

COVER MESSAGE

DATE PREPARED

FAX COVER SHEET

29044242724

28039830363

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name Majority Action
 (b) Address (street and city) PO Box 76157
Washington DC 20013
 (c) City, State and ZIP Code
 (d) Name of Employer/Principal Place of Business
 (e) Description
 (f) FEC Identification Number
C

2. Is This Statement ☒ New or ☐ Amended
 3. Covering Period through

4. (a) Date of Public Distribution 09: 09 2008 (b) Communication Title "Ruth"

5. The filer is: (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.12
 (d) Other, specify: _____

7. If the filer is an individual, limited liability organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Judith Zamore
 (b) Address (street and city) PO Box 76157
Washington DC 20013
 (c) City, State and ZIP Code
 (d) Name of Employer/Principal Place of Business
 (e) Description
The Zamore Group, LLC Consultant

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement 934,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Judith G. Zamore
 SIGNATURE Judith G. Zamore DATE 9/9/08

NOTE: Submission of this statement to the Federal Election Commission may subject the person filing this statement to the penalties of 18 U.S.C. 981b.

FEC FORM 9 (2007) 12/08/07

29044242725

28039830364

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

PAGE OF

14. Person(s) Sharing/Exercising Control

A. (a) Name Mark Longabaugh	
(b) Address (number and street) PO Box 76187	
(c) City, State and ZIP Code Washington DC 20013	
(d) Name of Employer or Principal Place of Business SELF	(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

29044242726

28039830365

SCHEDULE 9-A

Donation(s) Received

PAGE 4

<p>A. Full Name of Donor</p> <p>_____ Mailing Address of Donor _____ _____ City _____ State _____ Zip _____</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____ (Type in amount in full, including cents)</p>
<p>B. Full Name of Donor</p> <p>_____ Mailing Address of Donor _____ _____ City _____ State _____ Zip _____</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____ (Type in amount in full, including cents)</p>
<p>C. Full Name of Donor</p> <p>_____ Mailing Address of Donor _____ _____ City _____ State _____ Zip _____</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____ (Type in amount in full, including cents)</p>
<p>D. Full Name of Donor</p> <p>_____ Mailing Address of Donor _____ _____ City _____ State _____ Zip _____</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____ (Type in amount in full, including cents)</p>
<p>E. Full Name of Donor</p> <p>_____ Mailing Address of Donor _____ _____ City _____ State _____ Zip _____</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____ (Type in amount in full, including cents)</p>
<p>Summary of Donations This Page (optional)</p> <p>_____ (Type in total amount of donations received on this page)</p> <p>TOTAL This Period (See page two for number only)</p> <p>_____ (Type total from this page in Line 6)</p>	

29044242727

28030830366

SCHEDULE B-B

Disbursements Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial of Payee) <u>Abner Hutton Media</u>		Date of Disbursement or Obligation <u>04/08/2008</u>	
Address of Payee <u>6090 Grandale Ct, Suite 200</u>		Amount <u>4250.00</u>	
City <u>Alexandria, VA</u>		Comprehension Date <u>04/08/2008</u>	
State of Disbursement <u>22310</u>			
Source of Disbursement (including title(s) of contribution(s)) <u>Media Buy - "Truth"</u>			
Name of Federal Candidate <u>Gordon Smith</u>	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) <u>Wild Bunch Consulting</u>		Date of Disbursement or Obligation <u>03/04/2008</u>	
Address of Payee <u>900 19th St NW #400</u>		Amount <u>9000.00</u>	
City <u>Washington DC</u>		Comprehension Date <u>04/04/2008</u>	
State of Disbursement <u>20006</u>			
Source of Disbursement (including title(s) of contribution(s)) <u>Production expenses - "Truth" (estimate)</u>			
Name of Federal Candidate <u>Gordon Smith</u>	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) _____	
QUESTIONS of Disbursements/Obligations This Page (None)		<u>431.00000</u>	
TOTAL. The Payee (last page B-B) has number zero		<u>484.00000</u>	

NO SIGNATURE

NO SIGNATURE

29044242728

28039830367

29044242729

28039830368

Federal Election Commission
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> No Postmark	
<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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N/A
 PREPARED
 (5/2004)

N/A
 DATE PREPARED

REPARC

FAX COVER SHEET

TO Electioneering Communications Filing

COMPANY FEC

FAX NUMBER 12022190174

FROM Judy Zamore

DATE 2008-09-11 22:12:34 GMT

RE Amended Form 9

COVER MESSAGE

This amends the report filed September 9, 2008.

29044242730

28039831589

24 HOUR NOTICE OF DISBURGEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

9th December

Conny Hart

REFERENCE LIST:

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

PAGE 3 OF 4

11. Person(s) Sharing/Exercising Control

A. (a) Name	
Mark Longabaugh	
(b) Address (number and street)	
PO Box 76157	
(c) City, State and ZIP Code	
Washington DC 20013	
(d) Name of Employer or Principal Place of Business	(e) Occupation
Self	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	

DECLARATION

FILED 2008 SEP 11 11 12 AM

29044242732

28039831601

SCHEDULE 9-B

Reimbursements Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee <u>Alton Fulton Media</u>		Date of Disbursement or Obligation <u>09/08/2008</u>	
Working Address of Payee <u>16190 Graceland Ct, Suite 200</u> <u>Alexandria, VA 22310</u>		Amount <u>4250.0000</u>	
Name of Employer <u>Company</u>		Communication Date <u>09/08/2008</u>	
Purpose of Disbursement (including title(s) of communication) <u>Media Buy - "Truth"</u>			
Name of Federal Candidate <u>Gordon Smith</u>	Office Sought <u>President</u>	State <u>DC</u>	Disbursement Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate 	Office Sought 	State 	Disbursement Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate 	Office Sought 	State 	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 <u>Wild Birch Consulting</u>		Date of Disbursement or Obligation <u>09/09/2008</u>	
Working Address of Payee <u>900 19th St NW #400</u> <u>Washington DC 20006</u>		Amount <u>9000.00</u>	
Name of Employer <u>Consultant</u>		Communication Date <u>09/09/2008</u>	
Purpose of Disbursement (including title(s) of communication) <u>Production expenses - "Truth" (estimate)</u>			
Name of Federal Candidate <u>Gordon Smith</u>	Office Sought <u>President</u>	State <u>DC</u>	Disbursement Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate 	Office Sought 	State 	Disbursement Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Name of Federal Candidate 	Office Sought 	State 	Disbursement Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
SUBTOTAL of Disbursements/Commitments (See Page 3 (optional))		<u>434.000000</u>	
TOTAL This Period (Add page 3 to this number only) (Entry total from last page to Line 10)		<u>434.000000</u>	

EXAMINED PDF

12034782795 (USC)

29044242733

28039831602

29044242734

28039831603

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS	
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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FAX COVER SHEET

TO	Electioneering Communications Filing
COMPANY	FEC
FAX NUMBER	12022190174
FROM	Judy Zamore
DATE	2008-09-16 17:22:18 GMT
RE	Form 9

COVER MESSAGE

DATE PREPARED

WWW.FEC.GOV

29044242735

28030832660

FEC FORM 3

24 HOUR NOTICE OF DISBURSEMENT OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person filing this Disbursement Obligation

(a) Name

Majority Action

(b) Address (number and street) (c) City and State and ZIP Code

PO Box 76187

Washington DC 20013

2. FEC Identification Number

330000533

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is this Statement

☒ New

☐ Amended

4. Covering Period

09/16/2008

through

09/29/2008

5. (a) Date of Public Statement

09/16/2008

(b) Communication Title

Record

6. The filer is subject to: (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.16)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation excepting communications under 11 CFR 114.16

(e) Other entity

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

8. Classification of Records

(a) Name

Justin Zampore

(b) Address (number and street)

PO Box 76187

(c) City, State and ZIP Code

Washington DC 20013

(d) Name of Employer or Principal Place of Business

The Zampore Group LLC

(e) Occupation

Consultant

9. Total Disbursements This Statement

10. Total Disbursement Obligations This Statement

257,500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

Print the name of person completing form

Justin Zampore

Signature

Justin Zampore

Date

9/16/08

NOTE: Submission of this statement or failure to submit a statement may subject the person filing to the penalties of 18 U.S.C. 970.

FEC FORM 3 (2007)

29044242736

28039832861

List of Person(s) Sharing/Exercising Control
(see Additional pages as necessary)

PAGE 2 of 3

1. Person(s) Sharing/Exercising Control

A. Person	
(a) Name: <u>Mark Longabaugh</u>	
(b) Address (number and street): <u>PO Box 7487</u>	
(c) City, State and ZIP Code: <u>Washington DC 20013</u>	
(d) Name of Employer or Principal Place of Business: <u>Self</u>	(e) Occupation: <u>Consultant</u>
B. Person	
(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. Person	
(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. Person	
(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. Person	
(a) Name:	
(b) Address (number and street):	
(c) City, State and ZIP Code:	
(d) Name of Employer or Principal Place of Business:	(e) Occupation:

FILED 8/18/08

12024762795

29044242737

SCHEDULE 3-B

Disbursements Made or Obligation(s)

PAGE 3 OF 3

A. For Name Only, Not Where Made or Obligation		Date of Disbursement or Obligation	
Alor Hill Media		09-15-2008	
Address of Party		Amount	
6190 Smedley Ct #200		277,500.00	
City		Communication Date	
Alexandria VA 22310		09-16-2008	
Purpose of Disbursement, including name of communication			
Media Buy - Record			
Name of Political Candidate	Office Sought	Name	State
Marlyn Muscare		CP	4
Name of Political Candidate	Office Sought	Name	State
Name of Political Candidate	Office Sought	Name	State
B. For Name Only, Not Where Made or Obligation		Date of Disbursement or Obligation	
Wild Birch Consulting		09-15-2008	
Address of Party		Amount	
910 19th St NW #400		8,000.00	
City		Communication Date	
Washington DC 20006		09-16-2008	
Purpose of Disbursement, including name of communication			
Production (estimate) - Record			
Name of Political Candidate	Office Sought	Name	State
Marlyn Muscare		CP	4
Name of Political Candidate	Office Sought	Name	State
Name of Political Candidate	Office Sought	Name	State
SUBTOTAL of Disbursements/Obligations (This Page Total)			
287,500.00			
TOTAL This Filed (add page 1a line number 549)			
Total total from all pages to Line 7B			

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VFC/SPY 1.267 100001

29044242738

28039832663

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A
PREPARED
(5/2004)

N/A
DATE PREPARED

PREPARED

29044242739

28939832664

FAX COVER SHEET

TO	Electioneering Communications Filing
COMPANY	FEC
FAXNUMBER	12022190174
FROM	Judy Zamora
DATE	2008-09-12 15:17:39 GMT
RE	Form 9

COVER MESSAGE

29044242740

28039831700

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Majority Action
 (b) Address (street and city) PO Box 76157
 (c) City, State and ZIP Code Washington DC 20013
 (d) Name of Employer or Principal Place of Business
 (e) Occupation
 2. FEC Identification Number C30000533

3. Is This Statement ☒ New or Amended
 4. Covering Period 09/11/2008 through 09/18/2008

5. (a) Date of Public Disclosure(s) 09/12/2008 (b) Communication Title "Health"

6. The filer is a(n): (a) individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
 (d) ☒ Corporation, LLP, Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
 (e) Other, specify:

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Judith G. Zamore
 (b) Address (street and city) PO Box 76157
 (c) City, State and ZIP Code Washington DC 20013
 (d) Name of Employer or Principal Place of Business
 (e) Occupation consultant
The Zamore Group, LLC

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement 44,000.00

Under penalty of perjury, I certify that the foregoing is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE Judith G. Zamore DATE 9/12/08

NOTE: Submission of this communication of disbursement information does not constitute a statement of the person making the statement to the position of a U.S. Agent.

FEC FORM 9 (Rev. 1/2007)

29044242741

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

PAGE 2 OF 3

01. Person(s) Sharing/Exercising Control

A. (a) Name	Mark Longabaugh		
(b) Address (number and street)	PO Box 76187		
(c) City, State and ZIP Code	Washington DC 20013		
(d) Name of Employer or Principal Place of Business	(e) Occupation		
Self	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 B-5

PAGE 3 of 3

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Alex Tutton Media		Date of Disbursement or Obligation 09/11/2008	
Mailing Address of Payee 6190 Broomdale Ct. #200		Amount 40000.00	
City Alexandria, VA		Communication Date 09/13/2008	
Purpose of Disbursement (including title of communication) Media Buy - "Heath"			
Name of Federal Candidate Marilyn Musgrave		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate Marilyn Musgrave		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate Marilyn Musgrave		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 Wild Bunch Consulting		Date of Disbursement or Obligation 09/11/2008	
Mailing Address of Payee 900 19th St NW #400		Amount 40000.00	
City Washington, DC		Communication Date 09/12/2008	
Purpose of Disbursement (including title of communication) Production (est) - "Heath"			
Name of Federal Candidate Marilyn Musgrave		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate Marilyn Musgrave		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate Marilyn Musgrave		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
TOTAL of Disbursements/Obligations This Page (optional)		44000.00	
TOTAL This Period (all pages this line number only) <small>(carry over from last page to line 10)</small>		44000.00	

FEB08/1/08

FEB08/1/08

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**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A
DATE PREPARED

PREPARED

29044242744

28039831704

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☒ Initial return
☐ Final return
☐ Extension
☐ Other

Please indicate which of the above applies to this return.

C Name of organization

MAJORITY ACTION

Number and street (or P.O. box if mail is not delivered to street address)

2207 VALLEY CIRCLE

City or town, state or country, and ZIP + 4

ALEXANDRIA, VA 22302

D Employer identification number

35-2258122

E Telephone number

202-812-9410F Accounting method ☒ Cash ☐ Accrual☐ Other

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☐ NoH(b) If "Yes," enter number of affiliates **N/A**H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list.)

H(d) Is this a separate return filed by an organization required by a group ruling? ☐ Yes ☐ NoI Group Exemption Number **N/A**M Check ☐ if the organization is not required to attach

Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: **N/A**J Organization type (check only) ☐ 501(c)() ☐ 4947(a)(1) or ☒ 527K Check here ☐ if the organization is not a 501(c)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

2,059,237.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds	1a				
b Direct public support (not included on line 1a)	1b	2,059,237.			
c Indirect public support (not included on line 1a)	1c				
d Government contributions (grants) (not included on line 1a)	1d				
e Total (add lines 1a through 1d) (cash \$ 2,059,237. noncash \$)	1e	2,059,237.			
2 Program service revenue including government fees and contracts (from Part VII, line 53)		2			
Membership dues and assessments		3			
Interest on savings and temporary cash investments		4			
Dividends and interest from securities		5			
a Gross rents		6a			
Less: rental expenses		6b			
Net rental income or (loss). Subtract line 6b from line 6a		6c			
Other investment income (describe ▶)		7			
Gross amount from sales of assets other than inventory		(A) Securities		(B) Other	
Less: cost or other basis and sales expenses		8a		8b	
Gain or (loss) (attach schedule)		8c		8d	
a Net gain or (loss). Combine line 8c, columns (A) and (B)					
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross income (including) of contribution reported on line 1b		9a			
b Less: direct expenses other than fundraising expenses		9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c			
10 a Gross sales of inventory, less returns and allowances		10a			
b Less: cost of goods sold		10b			
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c			
11 Other revenue (from Part VII, line 103)		11			
12 Total revenue (add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12		2,059,237.	
13 Program services (from line 2, column (B))		13			
14 Management and general (from line 4, column (C))		14			
15 Fundraising (from line 4, column (D))		15			
16 Payments to affiliates (attach schedule)		16			
17 Total (add lines 13, 14, 15, and 16, column (A))		17		1,885,724.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18		173,513.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		18,241.	
20 Other changes in net assets or fund balances (attach explanation)		20		0.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21		191,754.	

832001

01-01-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Form 990 (2006)

12590622 757994 1654

2006.05060 MAJORITY ACTION

1654 91

Exhibit C

29044242745

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 8b, 8c, 9b, 10b, or 15 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
21a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
21b Other grants and allocations (attach schedule) (cash \$ <u>0</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part VII-A	0.			
b Compensation of former officers, directors, key employees, etc. listed in Part VII-B	0.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees	285,444.			
31 Accounting fees	180.			
32 Legal fees	16,470.			
33 Supplies				
34 Telephones	5,914.			
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications	7,361.			
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize): a ADVERTISING 1,033,486. b CONSULTING 332,402. c MEDIA PRODUCTION 64,824. d REIMBURSED EXPENSES 7,930. e RESEARCH 131,000. f BANK FEES 713.				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,885,724.			

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A832011
01-22-07

Form 990 (2008)

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 1

Program Service Expenses
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a EDUCATE THE AMERICAN PUBLIC ABOUT THE DISASTROUS RECORD OF THE REPUBLICAN LED HOUSE OF REPRESENTATIVES AND CREATE A POSITIVE ISSUES ENVIRONMENT FOR THE SUCCESS OF A PROGRESSIVE DEMOCRATIC AGENDA IN CONGRESS.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

b WORK IN CONGRESSIONAL DISTRICTS ACROSS THE COUNTRY TO SHINE A SPOTLIGHT ON SOME OF THE MOST EGREGIOUS EXAMPLES OF A REPUBLICAN CONGRESS THAT HAS LOST THE CONFIDENCE OF THE AMERICAN PEOPLE.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (D), Program services) ►

Form 990 (2008)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	18,241.46	191,754.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	47a	47a
	b Less: allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a	48a
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable	49	
	50 a Receivables from current and former officers, directors, trustees, and key employees	50a	
	b Receivables from other disqualified persons (as defined under section 4958(b)(1)) and persons described in section 4958(c)(3)(B)	50b	
	51 a Other notes and loans receivable	51a	51a
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use	52	
	53 Prepaid expenses and deferred charges	53	
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV 54a	54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV 54b	54b
55 a Investments - land, buildings, and equipment bases	55a		
b Less: accumulated depreciation	55b	55a	
56 Investments - other	56		
57 a Land, buildings, and equipment bases	57a	57a	
b Less: accumulated depreciation	57b		
58 Other assets, including program-related investments (describe:)	58		
59 Total assets (must equal line 74). Add lines 45 through 58	18,241.59	191,754.	
Liabilities	60 Accounts payable and accrued expenses	60	
	61 Grants payable	61	
	62 Deferred revenue	62	
	63 Loans from officers, directors, trustees, and key employees	63	
	64 a Tax-exempt bond liabilities	64a	
	b Mortgages and other notes payable	64b	
65 Other liabilities (describe:)	65		
66 Total liabilities. Add lines 60 through 65	0.66	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	67	
	68 Temporarily restricted	68	
	69 Permanently restricted	69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or common funds	18,241.70	191,754.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	0.72	0.
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 59 and column (B) must equal line 21)	18,241.73	191,754.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	18,241.74	191,754.	

Form 990 (2006)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a		N/A	
b Amounts included on line a but not on Part I, line 12.		b			
1	Not unrelated gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Revenues of prior year grants	b3			
4	Other (specify) _____	b4			
Add lines b1 through b4					
c Subtract line b from line a		c			
d Amounts included on Part I, line 12, but not on line a:		d			
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) _____	d2			
Add lines d1 and d2					
e Total revenue (Part I, line 12) Add lines c and d		e			

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		F 11	
--	--	------	--

a Total expenses and losses per audited financial statements		N/A	
b Amounts included on line a but not on Part I, line 17			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17) Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings

3

1. Are any officers, directors, trustees, or key employees listed in Form 990, Part VII-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I-A or I-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).

700

►

e Do any officers, directors, trustees, or key employees listed in Form 990, Part VII-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I-A or I-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

78

2

If "Yes," attach a statement that includes the information described in the instructions.

4 Does the organization have a written conflict of interest policy?

754

1

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]**Part VI Other Information (See the instructions.)**

Yes No

75 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change.

70

1

77 Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes.

21

†

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **N/A**

72

b. If "Yes," has it filed a tax return on Form 990-T for this year?

70

78 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

70

4

22 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

7

1

b. If "Yes," enter the name of the organization: **WILD BUNCH CONSULTING, INC.**

--	--

1

and check whether it is ☐ external or ☒ nonsubstantive

81 a Enter direct or indirect political expenditures. (See line 81 instructions.)

1. 2010

N/A

b Did the organization file Form 1120-POL for this year?

1. All

1

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include the amount as revenue in Part I or as an expense in Part II. (See instructions in Part II.)		
82b			N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85	501(c)(4), (5), or (6) organizations: a Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
c	Dues, assessments, and similar amounts from members		N/A
d	Section 502(e) lobbying and political expenditures		N/A
e	Aggregate nondeductible amount of section 5023(a)(1)(A) dues notices		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
g	Does the organization elect to pay the section 5033(e) tax on the amount on line 85f?		N/A
h	If section 5033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations: Enter a initiation fees and capital contributions included on line 12		N/A
b	Gross receipts, included on line 12, for public use of club facilities		N/A
87	501(c)(12) organizations: Enter a Gross income from members or shareholders		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations: Enter Amount of tax imposed on the organization during the year under sections 4911 ▶ N/A; section 4912 ▶ N/A; section 4956 ▶ N/A		
b	501(c)(3) and 501(c)(4) organizations: Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		N/A
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4958, and 4959 ▶ 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
e	All organizations: At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations: Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds: Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ VA		
b	Number of employees employed in the pay period that includes March 12, 2006		0
91 a	The books are in care of ▶ CORPORATION Telephone no. ▶ 202-812-9410 Located at ▶ 2207 VALLEY CIRCLE, ALEXANDRIA, VA ZIP + 4 ▶ 22302		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X

Form 990 (2006)

Part VI Other Information (continued)

Yes No

1 At any time during the calendar year, did the organization maintain an office outside of the United States?

31c ☐ Yes ☒ NoIf "Yes," enter the name of the foreign country: N/A

12 Section 4947(b)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

12 ☐ Yes ☒ No N/A**Part VII Analysis of Income-Producing Activities (See the instructions)****PART VII NOT REQUIRED**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sections 513, 514, or 514a		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1a, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	N/A
2	
3	
4	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Form 990 (2008)

Part X Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

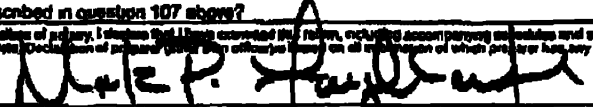
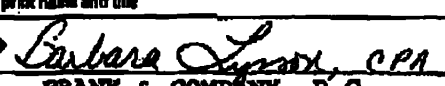
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer identification number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer identification number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here	Under penalties of perjury, I declare that I have prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer  Date 8/12/07	Type or print name and title MARK P. LONGABAUGH
Paid Preparer's Use Only	Preparer's signature  Date 6/28/07	Check if self-employed <input type="checkbox"/> Preparer's EIN or PTIN (See instructions) EN
	Firm's name (or name of sole proprietor, partner, or owner), address, and ZIP + 4 FRANK & COMPANY, P.C. 1360 BEVERLY ROAD, SUITE 300 MCLEAN, VA 22101	Phone no. 703-821-0702

Form 990 (2006)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

Employer identification number

MAJORITY ACTION

35-2258122

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐

501(c)() (enter number) organization

☐

4947(a)(1) nonexempt charitable trust not treated as a private foundation

☒

527 political organization

Form 990-PF

☐

501(c)(3) exempt private foundation

☐

4947(a)(1) nonexempt charitable trust treated as a private foundation

☐

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

☒

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

☐

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

Employer identification number

MAJORITY ACTION

35-2258122

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SERVICES EMPLOYEES INTERNATIONAL UNION 1313 L STREET, NW WASHINGTON, DC 20005	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	UNITED FOOD AND COMMERCIAL WORKERS 1775 K STREET, NW WASHINGTON, DC 20006	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BROTHERHOOD OF LOCOMOTIVE ENG 1370 ONTARIO ST CLEVELAND, OH 44113	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	HOPE FOR CURES 1212 SOUTH VICTORY BLVD BURBANK, CA 91502	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	IBEW 900 SEVENTH ST, NW WASHINGTON, DC 20001	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	EDITH WASSERMAN 10100 SANTA MONICA BLVD STE 1300 LOS ANGELES, CA 90067	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

29044242755

Name of organization

Employer identification number

MAJORITY ACTION

35-2258122

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BONNIE TURNER 200 PARK AVE SO. 8TH FLOOR NEW YORK, NY 10003	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	NORMAN LEAR 100 NORTH CRESCENT DR. STE 250 BEVERLY HILLS, CA 90210	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	DOUG RING 100 WILSHIRE BLVD STE 1625 SANTA MONICA, CA 90401	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	NICHOLAS JOSEFOWITZ 1 CHESHM CLOSE LONDON, SW1X8DN, ENGLAND	\$ 47,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	ELI BROAD 10900 WILSHIRE BLVD 12TH FLOOR LOS ANGELES, CA 90024	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	JAMES HORMEL 19 SUTTER STREET SAN FRANCISCO, CA 94104	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

092452 01-10-07

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

29044242756

Name of organization

Employer identification number

MAJORITY ACTION

35-2258122

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	FRANK MARSHALL 16055 VENTURA BLVD STE 535 ENCINO, CA 91436	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	STEWART RESNICK 11444 W OLYMPIC BLVD LOS ANGELES, CA 90064	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	JONATHAN ROSE 33 KATONAH AVE KATONAH, NY 10536	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	GEORGE SOROS 888 7TH AVE NEW YORK, NY 10106	\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	SHARI FOOS 311 N ROCKINGHAM AVE LOS ANGELES, CA 90049	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	JOHN WILLIAMS 8441 GULF FWY STE 600 HOUSTON, TX 77017	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

023498Z 01-10-07

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

14

12590622 757994 1654

2006.05060 MAJORITY ACTION

1654__1

29044242757

Name of organization

Employer identification number

MAJORITY ACTION

35-2258122

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	1199 SEIU 330 WEST 42ND STREET NEW YORK, NY 10036	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	HAROLD SNYDER 1965 BROADWAY #21B NEW YORK, NY 10023	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	AMERICAN FEDERATION OF TEACHERS 555 NEW JERSEY AVE. NW WASHINGTON, DC 20001	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	NATIONAL AIR TRAFFIC CONTROLLERS ASSN 1325 MASSACHUSETTS AVE, NW WASHINGTON, DC 20005	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	B.L. SCHWARTZ 944 FIFTH AVENUE NEW YORK, NY 10021	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	LINDA PRITZKER 3555 TIMMONS LANE STE 800 HOUSTON, TX 77027	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

832482 01-10-01

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

MAJORITY ACTION

35-2258122

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	JOHN HUNTING 161 OTTAWA AVE, NW STE 501-H GRAND RAPIDS, MI 49503	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	ASSOCIATION OF TRIAL LAWYERS OF AMERICA 1050 31ST STREET, NW WASHINGTON, DC 20007	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	DONALD FOWLER 2725 DEVINE STREET COLUMBIA, SC 29205	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	ADAM ROSE 200 MADISON AVE, 5TH FLOOR NEW YORK, NY 10016	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	JOSEPH GARRETT 9 EDGECROFT RD KENSINGTON, CA 94707	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	DRIVE COMMITTEE 25 LOUISIANA AVE, NW WASHINGTON, DC 20001	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

29044242759

Name of organization

Employer identification number

MAJORITY ACTION**35-2258122****Part I Contributors (See Specific Instructions)**

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	JUDITE PARISH 1442 8TH AVENUE SAN FRANCISCO, CA 94122	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

29044242760

MAJORITY ACTION

35-2258122

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 1
PART III

EXPLANATION

TO EDUCATE THE PUBLIC ON POLITICAL ISSUES OF NATIONAL IMPORTANCE AND TO
CONDUCT OTHER ACTIVITIES CONSISTENT WITH THE STATUS AS POLITICAL
ORGANIZATION UNDER 26 USC 527.

29044242761

Form **8868**
(Rev. December 2006)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1708

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☐
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 9970, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	Majority Action	35-3258122
	Number, street, and room or suite no. If a P.O. box, see instructions	
	2207 Valley Drive	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Alexandria, VA 22302	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 9970

- The books are in the care of ► Corporation

Telephone No. ► 703-684-8599

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until August 15, 2007, to file the exempt organization return for the organization named above. This extension is for the organization's return for:

- ☒ calendar year 2006 or
► ☐ tax year beginning , and ending

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2006)

Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1146

2007Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations, and controlling organizations as defined in section 512(b)(13), must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.**Open to Public
Inspection**

A For the 2007 calendar year, or tax year beginning 2007 , and ending 2007	
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MAJORITY ACTION Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1401 K ST NW 201 City or town, state or country, and ZIP + 4 WASHINGTON DC 20005
D Employer identification number 35-2258122	E Telephone number (202) 772-5609
F Group Exemption Number 0	
G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) 0	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: MAJORITYACTION.NET	
J Organization type (check only one) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input checked="" type="checkbox"/> 527	
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 2,607.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)		
1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	2,607.
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	
6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
8 Other revenue (describe:)	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	2,607.
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	45,000.
13 Professional fees and other payments to independent contractors	13	9,420.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe: See Other Expenses Schedule)	16	-13,866.
17 Total expenses (add lines 10 through 16)	17	40,554.
18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	-37,947.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	191,754.
20 Other changes in net assets or fund balances (attach explanation) See 1-20 Stmt	20	-50,000.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	103,807.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ	
(See instructions)	
	(A) Beginning of year (B) End of year
22 Cash, savings, and investments	191,754. 22 103,807.
23 Land and buildings	0. 23 0.
24 Other assets (describe:)	0. 24 0.
25 Total assets	191,754. 25 103,807.
26 Total liabilities (describe:)	0. 26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	191,754. 27 103,807.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0812 12/27/02

Form 990-EZ (2007)

Exhibit D

SCANNED SEP 09 2008

29044242763

Part III Statement of Program Service Accomplishments (See the instructions.)

Expenses

What is the organization's primary exempt purpose? **PROMOTE AND BUILD PROGRESSIVE DEMOCRATIC AGENDA IN CONGRESS**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program line.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	THE PRIMARY ACHIEVEMENT OF THE ORGANIZATION IN 2007 WAS TO CONTINUE ITS EFFORTS TO PROMOTE AND BUILD A DEMOCRATIC PROGRESSIVE AGENDA IN THE U.S. HOUSE AND SENATE. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses. Add lines 28a through 31a	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See List of Officers, Etc. Statement				

Part V Other Information (Note the statement requirement in the instructions.)

Yes No

33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change.	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	35		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	N/A	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.	
b	Did the organization file Form 1120-POL for this year?	37b	X	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	N/A	
39	501(c)(7) organizations. Enter:	39		
a	Amateur sports and capital contributions included on line 9.	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities.	39b	N/A	

Part V Other Information (Note the statement requirement in the instructions.) (Continued)**40 a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4981 = N/A; section 4912 = N/A; section 4955 = N/A**b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b	<u>N/A</u>	
40c		<u>X</u>

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4953, and 4958N/A**d** Enter amount of tax on line 40c reimbursed by the organizationN/A**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?**41** List the states with which a copy of this return is filed Virginia**42 a** The books are in care of THE ORGANIZATIONTelephone no. (202) 772-5609Located at PO BOX 76187WASHINGTONDC ZIP + 4 20013**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?If "Yes," enter the name of the foreign country

	Yes	No
42b		<u>X</u>
42c		<u>X</u>

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?If "Yes," enter the name of the foreign country **43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐and enter the amount of tax-exempt interest received or accrued during the tax year 43N/A

Please Sign Here

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Mark P. Longbaugh 8/12/08

Signature of officer Date

MARK LONGBAUGH EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature OM Date 08/11/08 Check if self-employed ☒ Preparer's SSN or PTIN (See General instruction J)

Firm's name (or name of self-employed) MARK HEINITE CPA EIN

Address 6433 BOWWELL ST Phone no. (703) 924-1245

City and state SPRINGFIELD VA 22150

BAA

TEEA0812 12/27/07

Form 990-EZ (2007)

29044242765

STATEMENT 1: PART I: LINE 16 - OTHER EXPENSES

ONLINE SOFTWARE AND HOSTING SERVICES	1,000
OPERATING EXPENSE REIMBURSEMENTS	1,288
CREDIT CARD PROCESSING FEES	198
MEDIA PRODUCTION EXPENSES	170
LESS REFUND OF PRIOR YEAR MEDIA EXPENSE OVERPAYMENT	<u>(16,500)</u>
TOTAL OTHER EXPENSES	<u>(13,866)</u>

STATEMENT 2: PART I: LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

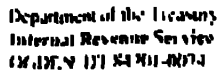
THE ORGANIZATION INADVERTENTLY OMITTED REPORTING A LOAN OF \$50,000 ON THE 2006 FORM 990 BALANCE SHEET, RESULTING IN AN OVERSTATEMENT OF DECEMBER 31, 2006 NET ASSETS THIS LOAN, FROM JEWELL LONGABAUGH, WAS FULLY REPAYED IN 2007.

STATEMENT 3: PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES

NAME AND ADDRESS	TITLE, WEEKLY HOURS	COMPENSATION	BENEFIT PLANS	EXPENSE ALLOWANCE
MARK LONGABAUGH	EXECUTIVE	*SEE BELOW	\$0	\$0
PO BOX 76187	DIRECTOR			
WASHINGTON, DC 20013	10			

*THE ORGANIZATION COMPENSATED MARK LONGABAUGH VIA AN ARRANGEMENT WITH MR LONGABAUGH'S COMPANY, WILD BUNCH CONSULTING, INC. TOTAL FEES PAID TO WILD BUNCH CONSULTING, INC IN 2007 TOTALED \$45,000, REPRESENTING PAYMENT FOR SERVICES RENDERED BY MR. LONGABAUGH AS WELL AS OTHER EMPLOYEES OF HIS COMPANY

29044242766

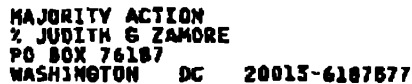


For a free call
1-800-555-XXXX

Notice Number: CP211A
Date: July 7, 2008

043301.513647.8130.003 L MT 0.746 330

Taxpayer Identification Number:
14-2258122
Tax Form: 990
Tax Period: December 31, 2007



04,301

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 990-E, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to August 15, 2008.

Please attach a copy of this letter to your return when you file it. It is evidence that we granted an extension of time to file your return. A copy is provided for your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.)

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