

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

PATRIOT MAJORITY

(b) Address (number and street) Check if different than previously reported

300 M STREET SE STATE 1102

(c) City, State and ZIP Code

WASHINGTON DC 20003

(d) Name of Employer of Principal Place of Business

N/A

(e) Occupation

N/A

2. FEC Identification Number

030001127

3. Is This Statement New or Amended

4. Covering Period 01 01 2007 through 09 05 2008

5. (a) Date of Public Distribution(s) 09 04 2008 (b) Communication Title 155 BILLION REASONS

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10) (d) Corporation, Labor 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

CR AIG VAROGA

(b) Address (number and street)

300 M STREET SE STATE 1102

(c) City, State and ZIP Code

WASHINGTON DC 20003

(d) Name of Employer of Principal Place of Business

PATRIOT MAJORITY

(e) Occupation

PRESIDENT

9. Total Donations This Statement 215234300

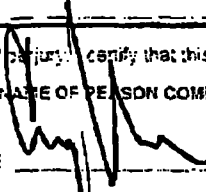
10. Total Disbursements/Obligations This Statement 70000000

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

CR AIG VAROGA

SIGNATURE



DATE

CR AIG VAROGA

NOTE: Submission of false information or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. 1027.

FEC FORM 9 (REV 10/2007)

29030045008

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

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11. Person(s) Sharing/Exercising Control

A. (a) Name <u>CRAIG VAROGA</u>	
(b) Address (number and street) <u>300 M STREET SE SUITE 1102</u>	
(c) City, State and ZIP Code <u>WASHINGTON DC 20003</u>	
(d) Name of Employer or Principal Place of Business <u>PATRIOT MAJORITY</u>	(e) Occupation <u>PRESIDENT</u>
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

29030045009

SCHEDULE 9-B Disbursement(s) Made or Obligations

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A. Full Name (Last, First, Middle Initial) of Payee Adelman Liston				Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2008	
Mailing Address of Payee 1391 Pennsylvania Avenue, SE Suite 316				Amount 550000.00	
City Washington	State DC	Zip Code 20003		Communication Date MM / DD / YYYY 09 / 08 / 2008	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) Television Ad - Support our Troops					
Name of Federal Candidate Rep. Lincoln Diaz-Balart		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) _____	
State: FL District: 21		FB# 000002			
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>		State: District:		Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>		State: District:		Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee Adelman Liston				Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2008	
Mailing Address of Payee 1391 Pennsylvania Avenue, SE Suite 316				Amount 17240.00	
City Washington	State DC	Zip Code 20003		Communication Date MM / DD / YYYY	
Name of Employer N/A				Occupation N/A	
Purpose of Disbursement (including title(s) of communication(s)) Production - Support our Troops					
Name of Federal Candidate LINCOLN DIAZ-BALART		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: General <input checked="" type="checkbox"/> Other (specify) _____	
State: FL District: 21		FB#			
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>		State: District:		Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought:		Disbursement/Obligation For:	
House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>		State: District:		Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)				567240.00	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)				567240.00	

24030045010

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