

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

PATRIOT MAJORITY WEST
 (b) Address (number and street) (check if different than previously reported)
300 M STREET SE SUITE 1102
 (c) City, State and ZIP Code
WASHINGTON DC 20003
 (d) Name of Employer or Principal Place of Business
N/A
 (e) Occupation
N/A

2. FEC Identification Number**C**

3. Is This Statement ☐ New
 or
☒ Amended

4. Covering Period **10 03 2008**
 through
10 11 2008

5. (a) Date of Public Distribution(s) **10 11 2008** **(b) Communication Title** **CALED**

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
CHANG VAROGA
 (b) Address (number and street)
300 M STREET SE SUITE 1102
 (c) City, State and ZIP Code
WASHINGTON DC 20003
 (d) Name of Employer or Principal Place of Business
PATRIOT MAJORITY WEST
 (e) Occupation
PRESIDENT

9. Total Donations This Statement **425 000 00**

10. Total Disbursements/Obligations This Statement **200 000 00**

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

NOTE: Submission of false information or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. § 379.

FEC FORM 9 (REV. 12/2007)

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

PAGE 2 OF 5

11. Person(s) Sharing/Exercising Control

A. (a) Name PERMIT CRAIG VARELA	
(b) Address (number and street) 300 M STREET SE SUITE 1102	
(c) City, State and ZIP Code WASHINGTON DC 20003	
(d) Name of Employer or Principal Place of Business PARLO MAJORITY INVEST	(e) Occupation PRESIDENT
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 9-A
Donation(s) Received

PAGE 3 OF 5

A. Full Name of Donor <u>Greg Carr</u> Mailing Address of Donor <u>975 Memorial Dr. #1008</u> City State Zip <u>Cambridge, MA</u> <u>02138</u>	Date of Receipt <u>10 03 2008</u> Amount <u>5000.00</u>
B. Full Name of Donor <u>Blair Hull</u> Mailing Address of Donor <u>141 West Jackson Blvd Suite 340</u> City State Zip <u>Chicago, IL</u> <u>60604</u>	Date of Receipt <u>10 07 2008</u> Amount <u>50000.00</u>
C. Full Name of Donor <u>Chris Findlater</u> Mailing Address of Donor <u>355 South Teller St.</u> City State Zip <u>Lakewood, CO</u> <u>80226</u>	Date of Receipt <u>10 07 2008</u> Amount <u>45000.00</u>
D. Full Name of Donor <u>Democratic Attorneys General Association</u> Mailing Address of Donor <u>1500 Lincoln St. Suite 1125</u> City State Zip <u>Denver, CO</u> <u>80203</u>	Date of Receipt <u>10 08 2008</u> Amount <u>25000.00</u>
E. Full Name of Donor <u>Democratic Attorneys General Association</u> Mailing Address of Donor <u>1500 Lincoln St. Suite 1125</u> City State Zip <u>Denver, CO</u> <u>80203</u>	Date of Receipt <u>10 08 2008</u> Amount <u>200000.00</u>
SUBTOTAL of Donations This Page (optional) <u>325000.00</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 6)	

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REC FORM 9 (REV. 12/2007)

PAGE 02

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SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor NEA Fund for Children + Public Education Mailing Address of Donor 1201 16th St. NW City State Zip Washington, DC 20036	Date of Receipt 10 08 2008 Amount 100000.00
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 Period (last page this line number only) (carry over from last page to Line 9)	

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FEC Form 9 96V, 12/2007

MAIL BOXES

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 5 OF 5

A. Full Name (Last, First, Middle Initial) of Payee <u>Buying Time, LLC</u>		Date of Disbursement or Obligation <u>10 09 2008</u>	
Mailing Address of Payee <u>2715 M St. NW Suite 400</u>		Amount <u>200,000.00</u>	
City <u>Washington, DC</u>	State <u>DC</u>	Zip Code <u>20007</u>	Communication Date <u>10 11 2008</u>
Name of Employer <u>N/A</u>		Occupation <u>N/A</u>	
Purpose of Disbursement (including title(s) of communication(s)) <u>Television Ad - "Called"</u>			
Name of Federal Candidate <u>Bill Sali</u>	Office Sought: ☒ House ☐ Senate ☐ President	State: <u>ED</u> District: <u>1</u>	Disbursement/Obligation For: ☐ Primary ☒ General ☐ Other (specify) _____
Name of Federal Candidate 	Office Sought: ☐ House ☐ Senate ☐ President	State: 	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____
Name of Federal Candidate 	Office Sought: ☐ House ☐ Senate ☐ President	State: 	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____
B. Full Name (Last, First, Middle Initial) of Payee 			
Mailing Address of Payee 			
City 	State 	Zip Code 	Date of Disbursement or Obligation
Name of Employer 		Occupation 	
Purpose of Disbursement (including title(s) of communication(s)) 			
Name of Federal Candidate 	Office Sought: ☐ House ☐ Senate ☐ President	State: 	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____
Name of Federal Candidate 	Office Sought: ☐ House ☐ Senate ☐ President	State: 	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____
Name of Federal Candidate 	Office Sought: ☐ House ☐ Senate ☐ President	State: 	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)		<u>200,000.00</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		<u>200,000.00</u>	

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PEC Form 9 (REV. 12/2007)

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FEDEX KINKO'S 1828

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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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