

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| | | |
|--|---|--|
| 1. (a) Name of Individual, Organization or Corporation PATRIOT MAJORITY USA | | 3. FEC Identification Number C C90012956 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. BOX 11714 | | |
| (c) City, State and ZIP Code WASHINGTON DC 20008 | | |
| 2. Corporate filers only | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Individual filers only | Name of Employer | Occupation |

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

| | | |
|---|---------------------|-------------|
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM | SIGNATURE | DATE |
| Craig Varoga | <i>Craig Varoga</i> | 04/27/2012 |

[Electronically Filed]

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

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
PATRIOT MAJORITY USA

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies | | Date MM / DD / YYYY 04 / 26 / 2012 |
| Mailing Address 1010 Wisconsin Avenue, NW | | Amount 184215.41 Transaction ID : F57.000001 |
| City Washington | State DC | |
| Zip Code 20007 | Purpose of Expenditure Television Advertising of "Wanted" | Category/ Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Dennis Rehberg | | Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: 01 <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 184215.41 | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee Ralston Lapp Media | | Date MM / DD / YYYY 04 / 26 / 2012 |
| Mailing Address 1054 31st Street. MW Suite 430 | | Amount 12976.47 Transaction ID : F57.000002 |
| City Washington | State DC | |
| Zip Code 20007 | Purpose of Expenditure Television Production of "Wanted" | Category/ Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Dennis Rehberg | | Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: 01 <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 12976.47 | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY |
| Mailing Address | | Amount |
| City | State | |
| Zip Code | Purpose of Expenditure | Category/ Type |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|---|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 197191.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | 0.00 |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | 197191.88 |