FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations	و منظم الموادي و الموادي
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INTERPORT OF Principal Place of Business	16) Occupation
_ N/A	~/ \$
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3. Is This Statement or 4. Covering Period	
✓ Amended	10 08 2008
5. (a) Date of Public Distribution(s) 10 08 2008 (b) Co	ommunication Title SUFFSHIP
6. The filer is a(n): (a) Individual (b) **Unincorporated Organization (c)	Qualified Nonprofit Corporation (11 CFR 114.10)
iii) Corporation, Labor Organization or Qualified Nonprofit Corporation	
(e) Ciher, spocify:	
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were the disbursements made exclusively from donations to a se 8. Custodian of Records (2) Name CLASS VALUET	
(b) Address (number and stress) SOO M STREET SE SWITE //02	
(c) C.ty. State and TIP Code WHY WE TOW DL 2003 "Il Name of Employer or Principal Place of Business."	:9 Occupation
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PATRIOT MAJORITY	TRUSPENT
9. Total Donstions This Statement	000
10. Total Disbursements/Obligations This Statement	850000
Under penalty of peoply, I certify that this statement is true, correct and complet TYPE OR PRINT NAME OF PERSON COMPLETING FORM	
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SIGNATURE VELVE	DATE & MACH 2009
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