

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

(a) Name FATELOT MAJORITY  
 (b) Address (number and street) 300 M STREET SE SUITE 1102 (check if different than previously reported)  
 (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 C30001127

3. Is This Statement New or Amended  
 4. Covering Period 10 07 2008 through 10 08 2008

5. (a) Date of Public Distribution(s) 10 08 2008 (b) Communication Title SILENT STEP

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 CRAIG VAREGA  
 (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 FATELOT MAJORITY  
 (e) Occupation PRESIDENT

9. Total Donations This Statement 000

10. Total Disbursements/Obligations This Statement 850000

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM CRAIG VAREGA

SIGNATURE [Signature]

DATE 6 MARCH 2009

NOTE: Submission of false, fraudulent or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 6437e

FEC FORM 9 (REV 12/2007)

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

PAGE 2 OF 3

## 11. Person(s) Sharing/Exercising Control

A. (a) Name <u>CRAIG VARGAS</u>	
(b) Address (number and street) <u>300 M ST 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 MARITIME</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

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## SCHEDULE B-B

## Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <u>SCOTT KURT DANN</u> <u>PRODUCED FOR THE TV SHOW REVEREND</u>		<b>Date of Disbursement or Obligation</b> <u>10 03 2008</u>
<b>Mailing Address of Payee</b> <u>1818 N STREET NW SUITE 450</u> City: <u>WASHINGTON</u> State: <u>DC</u> Zip Code: <u>200</u>		<b>Amount</b> ---
<b>Name of Employer</b> <u>N/A</u>		<b>Communication Date</b> <u>10 08 2008</u>
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <u>TELEVISION ADVERTISEMENT - SWEATSHOP</u>		
<b>Name of Federal Candidate</b> <u>BOB SCHAFER</u>	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <u>CO</u>	<b>Disbursement/Obligation For:</b> <u>2008</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) >
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <u>ARLSTEIN LISTON</u>		<b>Date of Disbursement or Obligation</b> <u>10 07 2008</u>
<b>Mailing Address of Payee</b> <u>1391 PENNSYLVANIA AVE SE SUITE 316</u> City: <u>WASHINGTON</u> State: <u>DC</u> Zip Code: <u>20003</u>		<b>Amount</b> <u>8500 00</u>
<b>Name of Employer</b> <u>N/A</u>		<b>Communication Date</b> <u>10 06 2008</u>
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <u>PRODUCTION EXPENSES - THE BREAKS</u>		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) >
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		<u>8500.00</u>
<b>TOTAL This Period (add page this line number only)</b> (carry total from last page to line 10)		<u>8500 00</u>

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FEC FORM 9 (REV. 12/2007)

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Federal Election Commission  
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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(5/2004)

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