

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 reported300 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**C30001127**3. Is This Statement**

New

☒ Amended**4. Covering Period**10 04 2008
through10 06 2008**5. (a) Date of Public Distribution(s)**10 06 2008

(b) Communication Title

THE BREAKS**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 VARGA

(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

(e) Occupation

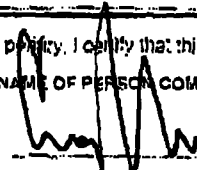
PRESIDENT**9. Total Donations This Statement**000**10. Total Disbursements/Obligations This Statement**000

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Craig Varga

SIGNATURE



DATE

6 MARCH 2009

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

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 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

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P. 03/03

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee <u>ADRIEN LISON FOSTER INSTANT MARRIED RETIRED</u>				Date of Disbursement or Obligation <u>10</u> / <u>02</u> / <u>2008</u>	
Mailing Address of Payee <u>1391 PENNSYLVANIA AVE, SE SUITE 316</u>				Amount 	
City <u>WASHINGTON</u>		State <u>DC</u>		Zip Code <u>20003</u>	
Name of Employer <u>N/A</u>		Occupation <u>N/A</u>		Communication Date <u>10</u> / <u>06</u> / <u>2008</u>	
Purpose of Disbursement (including title(s) of communication(s)) <u>TELEVISION ADVERTISEMENT - THE BREAKS</u>					
Name of Federal Candidate <u>RANDY KUHLMAN</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NY</u> District: <u>29</u>	
				Disbursement/Obligation For: <u>LEAD</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u> </u> District: <u> </u>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u> </u> District: <u> </u>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
B. Full Name (Last, First, Middle Initial) of Payee					
Mailing Address of Payee					
City		State		Zip Code	
Name of Employer		Occupation		Date of Disbursement or Obligation	
Purpose of Disbursement (including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u> </u> District: <u> </u>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u> </u> District: <u> </u>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u> </u> District: <u> </u>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
SUBTOTAL of Disbursements/Obligations This Page (optional)				<u>0.00</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				<u>0.00</u>	

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FEC FORM 9 (REV. 12/2007)

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99%

TOTAL P. 03
P. 03

Federal Election Commission
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(5/2004)

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