

# 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 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

### 2. FEC Identification Number

030001127

(e) Occupation: N/A

3. Is This Statement  New or  Amended

4. Covering Period 09 09 2008 through 09 19 2008

5. (a) Date of Public Distribution(s) 09 19 2008 (b) Communication Title 155 BILLION REASONS

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 VAZOGA  
 (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 07500000

10. Total Disbursements/Obligations This Statement 20000000

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM CRAIG VAZOGA

SIGNATURE 

DATE 16 March 2009

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. 643(f)

FEC FORM 9 REV. 12/2007

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

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11. Person(s) Sharing/Exercising Control

A. (a) Name <u>CRAIG VARELA</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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**SCHEDULE 9-A**  
**Donation(s) Received**

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29030050087

<b>A. Full Name of Donor</b> DRIVE Committee <hr/> <b>Mailing Address of Donor</b> 25 Louisiana Avenue, NW <hr/> <b>City</b> <b>State</b> <b>Zip</b> Washington                      DC                      20001			<b>Date of Receipt</b> M M / D D / Y Y Y Y 09 / 09 / 2008  <b>Amount</b> 125000.00  <b>Transaction ID:</b> F82.000001
<b>B. Full Name of Donor</b> Change to Win Political Education <hr/> <b>Mailing Address of Donor</b> 1800 L Street, NW Suite 800 <hr/> <b>City</b> <b>State</b> <b>Zip</b> Washington                      DC                      20036			<b>Date of Receipt</b> M M / D D / Y Y Y Y 09 / 12 / 2008  <b>Amount</b> 300000.00  <b>Transaction ID:</b> F82.000002
<b>C. Full Name of Donor</b> Service Employees International Union <hr/> <b>Mailing Address of Donor</b> 1800 Massachusetts Avenue, NW <hr/> <b>City</b> <b>State</b> <b>Zip</b> Washington                      DC                      20036			<b>Date of Receipt</b> M M / D D / Y Y Y Y 09 / 19 / 2008  <b>Amount</b> 800003.00  <b>Transaction ID:</b> F82.000003
<b>D. Full Name of Donor</b> American Federation of State County and Municipal Employees <hr/> <b>Mailing Address of Donor</b> 1825 L Street, NW <hr/> <b>City</b> <b>State</b> <b>Zip</b> Washington                      DC                      20035			<b>Date of Receipt</b> M M / D D / Y Y Y Y 08 / 19 / 2008  <b>Amount</b> 50000.00  <b>Transaction ID:</b> F92.000004
<b>SUBTOTAL of Donations This Page (optional)</b> .....			<b>1075000.00</b>
<b>TOTAL This Period (first page this line number only)</b> ..... (carry total from last page to Line 9)			<b>1075000.00</b>

**SCHEDULE 9-B  
Disbursement(s) Made or Obligations**

PAGE #14

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Square Krapp Dorn Communications				<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 08 / 17 / 2008	
<b>Mailing Address of Payee</b> 1818 N Street, NW Suite 450				<b>Amount</b> 200000.00	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20038		<b>Communication Date</b> M M / D D / Y Y Y Y 08 / 18 / 2008	
<b>Name of Employer</b> N/A				<b>Occupation</b> N/A	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Television Ad - 155 Billion Reasons					
<b>Name of Federal Candidate</b> John Sununu	<b>Office Sought:</b> House Senate President	<b>State:</b> NH	<b>District:</b>	<b>Disbursement/Obligation For:</b> 2008 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	
<b>Name of Federal Candidate</b> F94 000002	<b>Office Sought:</b> House Senate President	<b>State:</b>	<b>District:</b>	<b>Disbursement/Obligation For:</b> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> House Senate President	<b>State:</b>	<b>District:</b>	<b>Disbursement/Obligation For:</b> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>SUBTOTAL of Disbursement/Obligation This Page (optional)</b> .....				200000.00	
<b>TOTAL This Period (last page this line number only)</b> .....				200000.00 (carry total from last page to line 10)	

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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 PREPARER

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