

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/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

### 2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

through

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

### 5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Choices

1 1 / 2 4 / 2 0 0 8

### 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. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Craig Varoga

(b) Address (number and street)

300 M Street, SE

(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

506500.00

### 10. Total Disbursements/Obligations This Statement

470000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Craig Varoga

SIGNATURE Electronically Filed by Craig Varoga

DATE 11/25/2008

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

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

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

<b>A.</b>	(a) Name	Transaction ID : F91.000001	
	Craig Varoga		
	(b) Address (number and street) 300 M Street, SE Suite 1102 Suite 1102		
	(c) City, State and Zip Code		
	Washington	DC	20003
	(d) Name of Employer or Principal Place of Business		(e) Occupation
	Patriot Majority		President

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**SCHEDULE 9-A**  
**Donation(s) Received**

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**A. Full Name of Donor**

American Federation of State, County & Municipal Employees

Mailing Address of Donor  
 1625 L Street, NW

City	State	Zip
Washington	DC	20036

**Date of Receipt**

M M / D D / Y Y Y Y  
 11 / 13 / 2008

**Amount**

500000.00

**Transaction ID :** F92.000001

**B. Full Name of Donor**

The Pennsylvania AFL-CIO

Mailing Address of Donor  
 319 Market Street  
 3rd Floor

City	State	Zip
Harrisburg	PA	17101

**Date of Receipt**

M M / D D / Y Y Y Y  
 10 / 31 / 2008

**Amount**

5000.00

**Transaction ID :** F92.000002

**C. Full Name of Donor**

The Pennsylvania AFL-CIO

Mailing Address of Donor  
 319 Market Street  
 3rd Floor

City	State	Zip
Harrisburg	PA	17101

**Date of Receipt**

M M / D D / Y Y Y Y  
 10 / 31 / 2008

**Amount**

1500.00

**Transaction ID :** F92.000003

**SUBTOTAL** of Donations This Page (optional).....

**506500.00**

**TOTAL** This Period (last page this line number only).....  
 (carry total from last page to Line 9)

**506500.00**

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

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<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Adelstein Liston			<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 8	
<b>Mailing Address of Payee</b> 13914 Pennsylvania Avenue, SE Suite 316			<b>Amount</b> 8500.00	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20003	<b>Communication Date</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8	
<b>Name of Employer</b> N/A		<b>Occupation</b> N/A	<b>Transaction ID :</b> F93.000001	

Purpose of Disbursement (including title(s) of communication(s))

Production Expense - Choices

<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>House</b> Senate President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> Primary General Other (specify) _____
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>House</b> Senate President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> Primary General Other (specify) _____
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>House</b> Senate President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> Primary General Other (specify) _____

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Adelstein Liston			<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 8	
<b>Mailing Address of Payee</b> 1391 Pennsylvania Avenue, SE Suite 316			<b>Amount</b> 461500.00	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20003	<b>Communication Date</b> M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8	
<b>Name of Employer</b> N/A		<b>Occupation</b> N/A	<b>Transaction ID :</b> F93.000002	

Purpose of Disbursement (including title(s) of communication(s))

Television Advertisement - Choices

<b>Name of Federal Candidate</b> Saxby Chambliss	<b>Office Sought:</b> X	<b>House</b> Senate President	<b>State:</b> GA District:	<b>Disbursement/Obligation For:</b> 2008 Primary X General Other (specify) _____
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>House</b> Senate President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> Primary General Other (specify) _____
<b>Name of Federal Candidate</b>	<b>Office Sought:</b>	<b>House</b> Senate President	<b>State:</b> District:	<b>Disbursement/Obligation For:</b> Primary General Other (specify) _____

**SUBTOTAL** of Disbursement/Obligation This Page (optional) .....

470000.00

**TOTAL** This Period (last page this line number only) .....  
(carry total from last page to line 10)

470000.00

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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 Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify): <i>Web Form #374</i>	Date of Receipt or Postmarked <i>11/25/08</i>

*[Signature]*  
PREPARER  
(3/2005)

*11/26/08*  
DATE PREPARED

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