

# FEC FORM 9

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

### 1. Person Making the Disbursements/Obligations

(a) Name **PATRIOT MAJORITY USA**

(b) Address (number and street)  check if different than previously reported  
P.O. Box 35522

(c) City, State and ZIP Code  
Washington DC 20033

(d) Name of Employer or Principal Place of Business N/A (e) Occupation N/A

### 2. FEC Identification Number

C C30002620

### 3. Is This Statement

New  
or  
 Amended

### 4. Covering Period

10 / 15 / 2016  
through  
10 / 15 / 2016

5. (a) Date of Public Distribution(s) 10 / 15 / 2016 (b) Communication Title Under Attack

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  
Varoga, Craig, , ,

(b) Address (number and street)  
P.O. Box 35522

(c) City, State and ZIP Code  
Washington DC 20033

(d) Name of Employer or Principal Place of Business Patriot Majority USA (e) Occupation President

### 9. Total Donations This Statement

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.00

### 10. Total Disbursements/Obligations This Statement

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.32280,19

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Varoga, Craig, , ,

SIGNATURE Varoga, Craig, , , [Electronically Filed] DATE 10/16/2016

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)

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

<p><b>A.</b> (a) Name                  _____                  Varoga, Craig, , ,</p> <p>(b) Address (number and street) _____ P.O. Box 35522</p> <p>(c) City, State and ZIP Code                  _____                  Washington DC 20033</p> <p>(d) Name of Employer or Principal Place of Business                  _____                  Patriot Majority USA</p>	<p><b>Transaction ID : F91.000001</b></p> <p>(e) Occupation                  _____                  President</p>
<p><b>B.</b> (a) Name                  _____</p> <p>(b) Address (number and street)                  _____</p> <p>(c) City, State and ZIP Code                  _____</p> <p>(d) Name of Employer or Principal Place of Business                  _____</p> <p>(e) Occupation                  _____</p>	
<p><b>C.</b> (a) Name                  _____</p> <p>(b) Address (number and street)                  _____</p> <p>(c) City, State and ZIP Code                  _____</p> <p>(d) Name of Employer or Principal Place of Business                  _____</p> <p>(e) Occupation                  _____</p>	
<p><b>D.</b> (a) Name                  _____</p> <p>(b) Address (number and street)                  _____</p> <p>(c) City, State and ZIP Code                  _____</p> <p>(d) Name of Employer or Principal Place of Business                  _____</p> <p>(e) Occupation                  _____</p>	
<p><b>E.</b> (a) Name                  _____</p> <p>(b) Address (number and street)                  _____</p> <p>(c) City, State and ZIP Code                  _____</p> <p>(d) Name of Employer or Principal Place of Business                  _____</p> <p>(e) Occupation                  _____</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Buying Time LLC</b>			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 12 / 2016		
Mailing Address of Payee 650 Massachusetts Avenue, NW Suite 210			Amount 29996.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2016		
Washington	DC	20001			
Name of Employer	Occupation				
N/A	N/A				
Purpose of Disbursement (Including title(s) of communication(s)) Media Buy - "Under Attack"			<b>Transaction ID : F93.000001</b>		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: 2016	
Pence, Michael, R., ,	<input type="checkbox"/>	Senate	_____	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
	<input checked="" type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000002</b>					
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	_____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	_____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 12 / 2016		
<b>Georgetown Post</b>			Amount 2284.19		
Mailing Address of Payee 3299 K Street, NW, Suite 101			Communication Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2016		
City	State	Zip Code			
Washington	DC	20007			
Name of Employer	Occupation				
N/A	N/A				
Purpose of Disbursement (Including title(s) of communication(s)) Media Production - "Under Attack"			<b>Transaction ID : F93.000002</b>		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: 2016	
Pence, Michael, R., ,	<input type="checkbox"/>	Senate	_____	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
	<input checked="" type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000004</b>					
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	_____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
	<input type="checkbox"/>	Senate	_____	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____	
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶			32280.19		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)			32280.19		