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 SUITE 1102

2. FEC Identification Number
C30001127

(c) City, State and ZIP Code
WASHINGTON DC 20003

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

(e) Occupation
N/A

3. Is This Statement ☒ New / ☐ Amended

4. Covering Period 05 12 2010 through 06 01 2010

5. (a) Date of Public Distribution(s) 06 01 2010 (b) Communication Title OUT OF TOUCH

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 1825000

10. Total Disbursements/Obligations This Statement 1740000

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 [signature] DATE 2 JUNE 2010

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

FEC FORM 9 (REV. 12/2007)

10030342593

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name
CRAIG VAROGA
(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

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

10030342594

SCHEDULE 9-A
Donation(s) Received

PAGE 1 OF 1

A. Full Name of Donor SHEETMETAL WORKERS POLITICAL EDUCATION FUND Mailing Address of Donor 1750 NEW YORK AVENUE, NW SUITE 600 City: WASHINGTON State: DC Zip: 20006	Date of Receipt: 05 19 2010 Amount: 250000 00
B. Full Name of Donor AFSCME Mailing Address of Donor 1625 L STREET, NW City: WASHINGTON State: DC Zip: 20036	Date of Receipt: 05 20 2010 Amount: 1000000 00
C. Full Name of Donor 3-F AVIATION Mailing Address of Donor 10801 W. CHARLESTON BLVD #600 City: LAS VEGAS State: NV Zip: 89135	Date of Receipt: 05 24 2010 Amount: 200000 00
D. Full Name of Donor HARRAH'S OPERATING COMPANY, INC. Mailing Address of Donor ONE CAESAR'S PALACE DRIVE City: LAS VEGAS State: NV Zip: 89109	Date of Receipt: 05 25 2010 Amount: 375000 00
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt Amount

SUBTOTAL of Donations This Page (optional) ▶ 1825000 00

TOTAL This Period (last page this line number only) ▶ 1825000 00
(carry total from last page to Line 9)

FE3AN03B.PDF FEC FORM 9 (REV. 12/2007)

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 1 OF 1

A. Full Name (Last, First, Middle Initial) of Payee
MEDIA STRATEGIES & RESEARCH
Mailing Address of Payee
1580 LINCOLN STREET SUITE 510
City: DENVER State: CO Zip Code: 80203
Name of Employer: N/A Occupation: N/A

Date of Disbursement or Obligation: 05 28 2010
Amount: 1650000
Communication Date: 06 01 2010

Purpose of Disbursement (including title(s) of communication(s))
TV MEDIA BUY - "OUT OF TOUCH"

Name of Federal Candidate	Office Sought	State	District	Disbursement/Obligation For
SUE LOWDEN	X House / Senate / President	NV		X Primary / General / Other (specify)
	House / Senate / President			Primary / General / Other (specify)
	House / Senate / President			Primary / General / Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee
GOLDSTEIN LISTON
Mailing Address of Payee
222 W CATHLIC STREET SUITE 600
City: CHICAGO State: IL Zip Code: 60654
Name of Employer: N/A Occupation: N/A

Date of Disbursement or Obligation: 05 28 2010
Amount: 900000
Communication Date: 06 01 2010

Purpose of Disbursement: (including title(s) of communication(s))
PRODUCTION EXPENSE - "OUT OF TOUCH"

Name of Federal Candidate	Office Sought	State	District	Disbursement/Obligation For
SUE LOWDEN	X Senate / House / President	NV		X Primary / General / Other (specify)
	House / Senate / President			Primary / General / Other (specify)
	House / Senate / President			Primary / General / Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 1740000

TOTAL This Period (last page this line number only) ▶ 1740000
(carry total from last page to Line 10)

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FEC FORM 9 (REV. 12/2007)

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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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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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