

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Patriot Majority USA		3. FEC Identification Number C C90012956
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. Box 35522		
(c) City, State and ZIP Code Washington DC 20033		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y	/	M M / D D / Y Y Y Y	/	M M / D D / Y Y Y Y
04		01		2013
THROUGH				
M M / D D / Y Y Y Y		M M / D D / Y Y Y Y		M M / D D / Y Y Y Y
06		30		2013

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 544581.20

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Craig Varoga	<i>Craig Varoga</i>	07/15/2013

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

For further information, contact:
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Patriot Majority USA

Full Name (Last, First, Middle Initial) of Payee Ralston Lapp Media		Date MM / DD / YYYY 06 / 27 / 2013
Mailing Address 1054 31st St NW Ste 430		Amount 14883.20 Transaction ID : VN7C19JAM63
City Washington	State DC	
Zip Code 20007-6042	Purpose of Expenditure Television Production of 'Glitz'	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Thomas Cotton		Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 281514.20		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 06 / 21 / 2013
Mailing Address 3050 K St NW Ste 100		Amount 251100.00 Transaction ID : VN7C19J6MF9
City Washington	State DC	
Zip Code 20007-5108	Purpose of Expenditure Television Advertising of 'Switch'	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Mitch McConnell		Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 263067.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 06 / 21 / 2013
Mailing Address 3050 K St NW Ste 100		Amount 11967.00 Transaction ID : VN7C19J6MG7
City Washington	State DC	
Zip Code 20007-5108	Purpose of Expenditure Television Production of 'Switch'	Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure: Mitch McConnell		Office Sought: <input type="checkbox"/> House State: KY <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 263067.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	277950.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Patriot Majority USA

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 06 / 27 / 2013
Mailing Address 3050 K St NW Ste 100		Amount 266631.00 Transaction ID : VN7C19JAM88
City Washington	State DC	
Zip Code 20007-5108	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: AR <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Purpose of Expenditure Television Advertising of 'Glitz'		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Thomas Cotton		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 281514.20		

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	266631.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	544581.20