

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 West

(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
0 1 / 0 1 / 2 0 0 7

through

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 8

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Surplus
0 9 / 2 5 / 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 West

(e) Occupation

President

9. Total Donations This Statement

1230000.00

10. Total Disbursements/Obligations This Statement

212000.00

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 09/26/2008

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

SCHEDULE 9-A
Donation(s) Received

PAGE 2/3

A. Full Name of Donor American Federation of State County and Municipal Employees <hr/> Mailing Address of Donor 1625 L Street, NW <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20036</td> </tr> </table>	City	State	Zip	Washington	DC	20036	Date of Receipt <table> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount 500000.00 Transaction ID : F92.000001	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	0	8
City	State	Zip																									
Washington	DC	20036																									
M	M	/	D	D	/	Y	Y	Y	Y																		
0	7		0	1		2	0	0	8																		
B. Full Name of Donor NEA Fund for Children and Public Education <hr/> Mailing Address of Donor 1201 16th Street, NW <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20036</td> </tr> </table>	City	State	Zip	Washington	DC	20036	Date of Receipt <table> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount 100000.00 Transaction ID : F92.000002	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	8
City	State	Zip																									
Washington	DC	20036																									
M	M	/	D	D	/	Y	Y	Y	Y																		
0	7		3	1		2	0	0	8																		
C. Full Name of Donor David Bonderman <hr/> Mailing Address of Donor 301 Commerce Street Suite 3300 <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Fort Worth</td> <td>TX</td> <td>76102</td> </tr> </table>	City	State	Zip	Fort Worth	TX	76102	Date of Receipt <table> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount 100000.00 Transaction ID : F92.000003	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	8
City	State	Zip																									
Fort Worth	TX	76102																									
M	M	/	D	D	/	Y	Y	Y	Y																		
0	8		0	6		2	0	0	8																		
D. Full Name of Donor DRIVE Committee <hr/> Mailing Address of Donor 25 Louisiana Avenue, NW <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20001</td> </tr> </table>	City	State	Zip	Washington	DC	20001	Date of Receipt <table> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount 300000.00 Transaction ID : F92.000004	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
City	State	Zip																									
Washington	DC	20001																									
M	M	/	D	D	/	Y	Y	Y	Y																		
0	8		1	9		2	0	0	8																		
E. Full Name of Donor American Federation of State County and Municipal Employees <hr/> Mailing Address of Donor 1625 L Street, NW <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20036</td> </tr> </table>	City	State	Zip	Washington	DC	20036	Date of Receipt <table> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount 230000.00 Transaction ID : F92.000005	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0	8
City	State	Zip																									
Washington	DC	20036																									
M	M	/	D	D	/	Y	Y	Y	Y																		
0	9		1	9		2	0	0	8																		

SUBTOTAL of Donations This Page (optional)..... **1230000.00**

TOTAL This Period (last page this line number only)..... **1230000.00**
(carry total from last page to Line 9)

28039841720

SCHEDULE 9-B
Disbursement(s) Made or Obligations

PAGE 3/3

A. Full Name (Last, First, Middle Initial) of Payee The Campaign Group <hr/> Mailing Address of Payee 1600 Locust Street <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Philadelphia</td> <td>PA</td> <td>19103</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 40%;">Name of Employer</td> <td style="width: 60%;">Occupation</td> </tr> </table>				City	State	Zip Code	Philadelphia	PA	19103	Name of Employer	Occupation	Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 23 / 2008 <hr/> Amount 200000.00 <hr/> Communication Date M M / D D / Y Y Y Y 09 / 25 / 2008 <hr/> Transaction ID : F93.000001			
City	State	Zip Code													
Philadelphia	PA	19103													
Name of Employer	Occupation														
Purpose of Disbursement (including title(s) of communication(s)) Television Ad - Surplus															
Name of Federal Candidate Darren White		Office Sought: <input checked="" type="checkbox"/> House Senate President	State: NM District: 01	Disbursement/Obligation For: 2008 Primary <input checked="" type="checkbox"/> General Other (specify) _____											
F94.000003															
Name of Federal Candidate		Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____										
Name of Federal Candidate		Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____										
B. Full Name (Last, First, Middle Initial) of Payee The Campaign Group <hr/> Mailing Address of Payee 1600 Locust Street <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Philadelphia</td> <td>PA</td> <td>19103</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 40%;">Name of Employer</td> <td style="width: 60%;">Occupation</td> </tr> </table>						City	State	Zip Code	Philadelphia	PA	19103	Name of Employer	Occupation	Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 24 / 2008 <hr/> Amount 12000.00 <hr/> Communication Date M M / D D / Y Y Y Y 09 / 25 / 2008 <hr/> Transaction ID : F93.000003	
City	State	Zip Code													
Philadelphia	PA	19103													
Name of Employer	Occupation														
Purpose of Disbursement (including title(s) of communication(s)) Production Expenses - Surplus															
Name of Federal Candidate		Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____										
Name of Federal Candidate		Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____										
Name of Federal Candidate		Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____										
SUBTOTAL of Disbursement/Obligation This Page (optional)					212000.00										
TOTAL This Period (last page this line number only) (carry total from last page to line 10)					212000.00										

28039841721

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature 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
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
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Web form # 271</i>	Date of Receipt or Postmarked

Jms
PREPARER
(3/2005)

9/29/08
DATE PREPARED

28039841722