

**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>2. FEC Identification Number</b>  C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 300 M Street, SE Suite 1102		
(c) City, State and ZIP Code Washington DC 20003		
(d) Name of Employer or Principal Place of Business N/A	(e) Occupation N/A	

<b>3. Is This Statement</b> <input checked="" type="checkbox"/> <b>New</b> or <input type="checkbox"/> <b>Amended</b>	<b>4. Covering Period</b> M M / D D / Y Y Y Y 09 / 26 / 2008 through M M / D D / Y Y Y Y 10 / 02 / 2008
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**5. (a) Date of Public Distribution(s)** M M / D D / Y Y Y Y **(b) Communication Title** Surplus  
 10 / 02 / 2008

**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** 25000.00

**10. Total Disbursements/Obligations This Statement** 140000.00

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 10/03/2008

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

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

**A. Full Name of Donor**

American Federation of State County and 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  
 09 / 30 / 2008

Amount

25000.00

Transaction ID : F92.000001

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

**25000.00**

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

**25000.00**

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> The Campaign Group, Inc.				<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y 09 / 30 / 2008	
Mailing Address of Payee 1600 Locust Street				Amount  140000.00	
City Philadelphia	State PA	Zip Code 19103		Communication Date M M / D D / Y Y Y Y 09 / 02 / 2008	
Name of Employer N/A		Occupation N/A		Transaction ID : F93.000001	
Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement - 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____		
F94.000002					
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>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....				140000.00	
<b>TOTAL</b> This Period (last page this line number only) .....				140000.00	
(carry total from last page to line 10)					

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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"/> 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 #278</i>	Date of Receipt or Postmarked <i>10/3/08</i>
<i>JAED</i> PREPARER	<i>10/6/08</i> DATE PREPARED