

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

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

(e) Occupation
N/A

2. FEC Identification Number

C C00000000

3. Is This Statement [X] New or [] Amended

4. Covering Period

M M / D D / Y Y Y Y
10 / 12 / 2008
through
M M / D D / Y Y Y Y
10 / 26 / 2008

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Called
10 / 26 / 2008

6. The filer is a(n): (a) [] Individual (b) [X] 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 415000.00

10. Total Disbursements/Obligations This Statement 125920.00

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 10/27/2008

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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List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Craig Varoga	Transction ID : F91.000001
	(b) Address (number and street) 300 M Street. SE Suite 1102 Suite 1102	
	(c) City, State and Zip Code Washington DC 20003	
	(d) Name of Employer or Principal Place of Business Patriot Majority West	(e) Occupation President

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SCHEDULE 9-A
Donation(s) Received

28039902854

<p>A. Full Name of Donor David Bonderman</p> <p>Mailing Address of Donor 301 Commerce Street Suite 3300</p> <p>City State Zip Fort Worth TX 76102</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2008</p> <p>Amount 50000.00</p> <p>Transaction ID : F92.000001</p>
<p>B. Full Name of Donor Democratic Attorneys General Association</p> <p>Mailing Address of Donor 1580 Lincoln Street Suite 1125</p> <p>City State Zip Denver CO 80203</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2008</p> <p>Amount 200000.00</p> <p>Transaction ID : F92.000002</p>
<p>C. Full Name of Donor Ann Christensen</p> <p>Mailing Address of Donor 221 N. Washington Avenue Unit 3</p> <p>City State Zip Ketchum ID 83340</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2008</p> <p>Amount 5000.00</p> <p>Transaction ID : F92.000003</p>
<p>D. Full Name of Donor The NEA Fund for Children & Public Education</p> <p>Mailing Address of Donor 1201 16th Street, NW</p> <p>City State Zip Washington DC 20036</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2008</p> <p>Amount 60000.00</p> <p>Transaction ID : F92.000004</p>
<p>E. Full Name of Donor Progressive Americans</p> <p>Mailing Address of Donor 1401 New York Avenue, NW Suite 720</p> <p>City State Zip Washington DC 20005</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2008</p> <p>Amount 100000.00</p> <p>Transaction ID : F92.000005</p>
<p>SUBTOTAL of Donations This Page (optional)..... 415000.00</p>	
<p>TOTAL This Period (last page this line number only)..... 415000.00 (carry total from last page to Line 9)</p>	

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

A. Full Name (Last, First, Middle Initial) of Payee Buying Time LLC					Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 23 / 2008						
Mailing Address of Payee 2715 M Street, NW Suite 400					Amount 110000.00						
City Washington		State DC		Zip Code 20007		Communication Date M M / D D / Y Y Y Y 10 / 26 / 2008					
Name of Employer N/A			Occupation N/A			Transaction ID : F93.000001					
Purpose of Disbursement (including title(s) of communication(s)) Television Advertisement - Hit											
Name of Federal Candidate Bill Sali		Office Sought: X		House Senate President		State: District: 01		Disbursement/Obligation For: 2008 Primary X General 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. Full Name (Last, First, Middle Initial) of Payee Envision Communications					Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 23 / 2008						
Mailing Address of Payee 2715 M Street, NW Suite 100					Amount 8420.00						
City Washington		State DC		Zip Code 20007		Communication Date M M / D D / Y Y Y Y 10 / 26 / 2008					
Name of Employer N/A			Occupation N/A			Transaction ID : F93.000002					
Purpose of Disbursement (including title(s) of communication(s)) Production Expenses - Hit											
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)					118420.00						
TOTAL This Period (last page this line number only) (carry total from last page to line 10)											

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SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Media Strategies and Research <hr/> Mailing Address of Payee 9990 Fairfax Boulevard Suite 210 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Fairfax</td> <td>VA</td> <td>22030</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> <tr> <td>N/A</td> <td>N/A</td> </tr> </table>	City	State	Zip Code	Fairfax	VA	22030	Name of Employer	Occupation	N/A	N/A	Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 24 / 2008 <hr/> Amount 7500.00 <hr/> Communication Date M M / D D / Y Y Y Y 10 / 28 / 2008 Transaction ID : F93.000003
City	State	Zip Code									
Fairfax	VA	22030									
Name of Employer	Occupation										
N/A	N/A										

Purpose of Disbursement (including title(s) of communication(s))
 Radio Advertisement - The Basics

Name of Federal Candidate Ann Kirkpatrick	Office Sought:	<input checked="" type="checkbox"/> House Senate President	State:	AZ	Disbursement/Obligation For: 2008
F94.000005			District:	01	Primary <input checked="" type="checkbox"/> General Other (specify) _____
Name of Federal Candidate	Office Sought:	House Senate President	State:		Disbursement/Obligation For:
			District:		Primary General Other (specify) _____
Name of Federal Candidate	Office Sought:	House Senate President	State:		Disbursement/Obligation For:
			District:		Primary General Other (specify) _____

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SUBTOTAL of Disbursement/Obligation This Page (optional)	7500.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	125920.00

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>Webform #347</i>	Date of Receipt or Postmarked <i>10/27/08</i>

ER
 PREPARER

10/27/08
 DATE PREPARED

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