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2008 NOV 10 PM 3:29

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name PATRIOT MAJORITY MIDWEST

(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  
C30000988

3. Is This Statement  New or  Amended

4. Covering Period 08' 01' 2008 through 09' 08' 2008

5. (a) Date of Public Distribution(s) 09' 08' 2008 (b) Communication Title STANDING AT THE TABLE

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 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 MIDWEST

(e) Occupation PRESIDENT

9. Total Donations This Statement 21,800,000.00

10. Total Disbursements/Obligations This Statement 650,000.00

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 [Signature] DATE 10 NOV 2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5437g.

28039914875

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

11. Person(s) Sharing/Exercising Control

<b>A.</b>	(a) Name <i>CRAIG VAROGA</i>
	(b) Address (number and street) <i>300 M STREET, SE SUITE 1102</i>
	(c) City, State and ZIP Code <i>WASHINGTON, DC 20003</i>
	(d) Name of Employer or Principal Place of Business <i>PATRIOT MAJORITY MIDWEST</i>
	(e) Occupation <i>PRESIDENT</i>
<b>B.</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
<b>C.</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
<b>D.</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
<b>E.</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

28039914876

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

**A. Full Name of Donor**

American Federation of State County & Municipal Employees

**Mailing Address of Donor**

1625 L Street, NW

**City**

Washington

**State**

DC

**Zip**

20036

**Date of Receipt**

M M / D D / Y Y Y Y  
 08 / 26 / 2008

**Amount**

2180000.00

**Transaction ID:** F92.000001

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

**2180000.00**

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

**2180000.00**

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

28039914878

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Adelstein Liston				Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 02 / 2008	
Mailing Address of Payee 1391 Pennsylvania Avenue, SE Suite 316				Amount 200000.00	
City	State	Zip Code		Communication Date	
Washington	DC	20003		M M / D D / Y Y Y Y 09 / 08 / 2008	
Name of Employer N/A		Occupation N/A		Transaction ID : F93.000001	
Purpose of Disbursement (including title(s) of communication(s)) Television Ad - Paying For It					
Name of Federal Candidate Kirk Schuring	Office Sought: X	House Senate President	State: OH District: 16	Disbursement/Obligation For: 2008 Primary X General	
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>B. Full Name (Last, First, Middle Initial) of Payee</b>				Date of Disbursement or Obligation	
Adelstein Liston				M M / D D / Y Y Y Y 09 / 02 / 2008	
Mailing Address of Payee 1391 Pennsylvania Avenue, SE Suite 316				Amount 450000.00	
City	State	Zip Code		Communication Date	
Washington	DC	20003		M M / D D / Y Y Y Y 09 / 08 / 2008	
Name of Employer N/A		Occupation N/A		Transaction ID : F93.000002	
Purpose of Disbursement (including title(s) of communication(s)) Television Ad - Triclide					
Name of Federal Candidate Steve Stivers	Office Sought: X	House Senate President	State: OH District: 15	Disbursement/Obligation For: 2008 Primary X General	
F94.000004					
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) .....				650000.00	
TOTAL This Period (last page this line number only) ..... (carry total from last page to line 10)				650000.00	

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>11/10/08</i>
<input type="checkbox"/> USPS First Class Mail	Postmarked
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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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JAL*  
 PREPARER  
 (3/2005)

*11/10/08*  
 DATE PREPARED

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