

RECEIVED
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FEC FORM 9

2008 NOV 10 PM 3:28

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

07' 24' 2008

through

07' 31' 2008

5. (a) Date of Public Distribution(s)

07' 31' 2008

(b) Communication Title

PICTURE

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

000000

10. Total Disbursements/Obligations This Statement

97,000.00

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

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. §437g.

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

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A. (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
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
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

28039914882

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE **3** OF **3**

A. Full Name (Last, First, Middle Initial) of Payee <u>THE CAMPAIGN GROUP</u>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">07 / 31 / 2008</div>	
Mailing Address of Payee <u>1600 LOCUST STREET</u>				Amount <div style="border: 1px solid black; padding: 2px;">97,000.00</div>	
City <u>PHILADELPHIA</u>	State <u>PA</u>	Zip Code <u>19104</u>			
Name of Employer <u>N/A</u>		Occupation <u>N/A</u>		Communication Date <div style="border: 1px solid black; padding: 2px;">07 / 31 / 2008</div>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>TELEVISION AD - "FUTURE"</u>					
Name of Federal Candidate <u>TIM WAMBERG</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <u>2008</u> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

B. Full Name (Last, First, Middle Initial) of Payee _____				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> / / </div>	
Mailing Address of Payee _____				Amount <div style="border: 1px solid black; padding: 2px;"> / / </div>	
City _____	State _____	Zip Code _____			
Name of Employer _____		Occupation _____		Communication Date <div style="border: 1px solid black; padding: 2px;"> / / </div>	
Purpose of Disbursement (Including title(s) of communication(s)) _____					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px;">97000.00</div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 5px;">97000.00</div>

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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.

☒ Hand Delivered

Date of Receipt

11/10/08

☐ USPS First Class Mail

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☐ Overnight Delivery Service (Specify):

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☐

☐ Received from House Records & Registration Office

Date of Receipt

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Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt

☐ Other (Specify):

Date of Receipt or Postmarked

QAL

PREPARER

11/10/08

DATE PREPARED

(3/2005)

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