

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name PATRIOT MAJORITY		2. FEC Identification Number C
(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	

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period 10/07/2008 through 10/08/2008
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5. (a) Date of Public Distribution(s) **10/08/2008** (b) Communication Title **SWEATSHOP**

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: _____

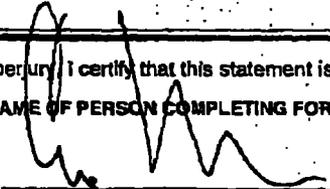
7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

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	(e) Occupation PRESIDENT

9. Total Donations This Statement **0.00**

10. Total Disbursements/Obligations This Statement **8,500.00**

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 **9 Oct 2008**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5497g.

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SCHEDULE 9-B

PAGE OF

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee SOURCE KNAPP DUNN \$720,000 DISBURSEMENT PREVIOUSLY REPORTED		Date of Disbursement or Obligation 10 03 2008
Mailing Address of Payee 1818 N STREET NW SUITE 450		Amount ---
City WASHINGTON	State DC	Zip Code 200
Name of Employer N/A	Occupation N/A	Communication Date 10 08 2008

Purpose of Disbursement (Including title(s) of communication(s)) TELEVISION ADVERTISEMENT - SWEATSHOP			
Name of Federal Candidate BOB SCHAFER	Office Sought: <input checked="" type="checkbox"/> House	State: CO	Disbursement/Obligation For: 2008
	<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
	<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
	<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee ADOLSTEIN LISTON		Date of Disbursement or Obligation 10 07 2008
Mailing Address of Payee 1391 PENNSYLVANIA AVE SE SUITE 316		Amount 8500 00
City WASHINGTON	State DC	Zip Code 20003
Name of Employer N/A	Occupation N/A	Communication Date 10 06 2008

Purpose of Disbursement (Including title(s) of communication(s)) PRODUCTION EXPENSES - THE BREAKS			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
	<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
	<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
	<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	8500 00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	8500 00

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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.

28039851959

<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™ 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
<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):	Date of Receipt or Postmarked

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N/A
 PREPARER

N/A
 DATE PREPARED