## 2020-10-19-0M-00M47009

## **FEC FORM 9**

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

ELLU	HONELRING COMMONICATIONS
1. (a) l	Name of Individual, Organization or Corporation  I a triofic Veterans, Inc.
(6)	Address (number and street) Check if different than previously reported  40 N. Dearborn St. P.O. B 101239  3. FEC Identification Number
	City, State and ZIP Code  CL 1090, TL. 60610  C30.00.19.78
2. Occ	Sol (c) 4 Committee 20
rom le.	4. COVERED PERIOD: FROM 10 10 10 10 10 10 10 10 10 10 10 10 10
	5. IS THIS REPORT AN AMENDMENT? . No Yes, it amends the report filed on
	6. (a) DATE OF PUBLIC DISTRIBUTION(S)
	(b) COMMUNICATIONS TITLE MS LINDS EY.
	7. THE FILER IS: (a) an Individual (b) a Corporation or Labor Organization making communications under 11 CFR 114.10
	(c) □ an Unincorporated Organization (d) □ Other, specify: Rodio ad.
	8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT?
	9. CUSTODIAN OF RECORDS
	Daniel Paul Caprio
	(b) Address (number and street) 155 W. Main St. 4302
	(c) City, State and ZIP, Code Chicago, ILL. 60610 consultant
	(d) Name of Employer or Principal Place of Business (e) Occupation  (a) Caprio LOSSOC.
	10. TOTAL DONATIONS THIS STATEMENT
	11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT
Under p	penalty of perjury I certify that this statement is true, correct and complete.
TYPE	OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE
	Daniel Paul Caprio D.P. Capa 10-18-20
	NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

B. Full Name of Donor  Mailing Address of Donor  City State Zip  C. Full Name of Donor  Mailing Address of Donor  City State Zip  Date of Receipt  Amount  City State Zip  Date of Receipt  Amount  City State Zip  E. Full Name of Donor  Mailing Address of Donor  Mailing Address of Donor  City State Zip  Date of Receipt  Amount  City State Zip  State Zip  City State Zip  Date of Receipt  Amount  City State Zip  State Zip  Support Amount  City State Zip	A.	Richar	d Uihle IV. Wouker est, IL.	ein Pan Blvd. 60045	7.7 6 6 2020
Malling Address of Donor  City State Zip  Date of Receipt  Amount  City State Zip  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt  Amount  City State Zip  Date of Receipt  Amount  City State Zip  Date of Receipt  Amount  City State Zip  Date of Receipt	В.	Full Name of Donor  Mailing Address of Donor			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address of Donor  City State Zip  Date of Receipt  Amount  Date of Receipt  Date of Receipt  Amount  City State Zip  Date of Receipt	c.	Malling Address of Donor	State	Zip	Man / Dag / Ashara
Mailing Address of Donor  City State Zip  SUBTOTAL of Donations This Page (optional)	D.	Mailing Address of Donor	State	Zip	Ray / pag / Aakakak
	E.	Mailing Address of Donor	State	Zip	H-W / D-D / Y-Y-Y
(carry total from last page to Line 10)	<del></del>	L This Period (last page this line	number only)		

OF

A. Full Name (Last, First, Middle Initi	al) of Payee	Dorothy Baker)	Date of Disbursement or Obligation
A A SSOC Mailing Address of Payee	70 79 2020		
60491 F		, , , , , , , , , , , , , , , , , , ,	Amount
City	State	Zip Code	845 DOG =
Scurry	'7X.	75158	Communication Date
Name of Employer ASS 00		ver Hising	70 20 2020
Purpose of Disbursement (Including	ig title(s) of communica	ation(s)) Radio a	d
Name of Federal Candidate	Office Sought:	House State: NC	Disbursement/Obligation For:
Thom Tillis	· 1	Senate District:	Primary General
INOM LITTO	[	President	Other (specify)
Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:
	· [	Senate District:	Primary General
	[	President	Other (specify)
Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:
		Senate District:	Primary General
		President	Other (specify)
B. Full Name (Last, First, Middle Initia	all of Payee		Date of Disbursement or Obligation
D. Full Maine (Last, 1 list, Middle dina	ii) Oi Fayee		HEN / DED / VEVEVEY
Mailing Address of Payee			Amount
Mailing Address of Payee			Amount
Mailing Address of Payee  City	State	Zip Code	
City		<del></del>	Amount  A A  Communication Date
City  Name of Employer	Occupat	tion	
City	Occupat	tion	
City  Name of Employer	Occupat	tion tion(s))	Communication Date  A A A A A A A A A A A A A A A A A A A
City  Name of Employer  Purpose of Disbursement (Including	Occupating title(s) of communication	tion  tion(s))  House State:	Communication Date
City  Name of Employer  Purpose of Disbursement (Including	Occupating title(s) of communication	tion  tion(s))  House State:	Communication Date  A A A A A A A A A A A A A A A A A A A
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City  Name of Employer  Purpose of Disbursement (Including	Occupating title(s) of communication	tion  tion(s))  House State: Senate President  House State: Senate Senate	Communication Date  Disbursement/Obligation For: Primary General Other (specify)
City  Name of Employer  Purpose of Disbursement (Includin  Name of Federal Candidate	Occupating title(s) of communication	tion  tion(s))  House State: Senate President  District:	Communication Date  Disbursement/Obligation For: Primary General Other (specify) Disbursement/Obligation For:
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City  Name of Employer  Purpose of Disbursement (Including Name of Federal Candidate)  Name of Federal Candidate  Name of Federal Candidate  Subtotal of Disbursements/Obligation	Occupating title(s) of communication  Office Sought:  Office Sought:  Office Sought:	tion  tion(s))  House State: Senate District: President  House State: Senate District: President  House State: President  District: District: President  District: Dis	Communication Date  Disbursement/Obligation For: Primary General Other (specify)  Disbursement/Obligation For: Primary General Other (specify)  Disbursement/Obligation For: Primary General Other (specify)  Disbursement/Obligation For:
City  Name of Employer  Purpose of Disbursement (Including Name of Federal Candidate)  Name of Federal Candidate  Name of Federal Candidate	Occupating title(s) of communications This Page (option ne number only)	tion  tion(s))  House State: Senate District: President  House State: Senate District: President  House State: President  District: District: President  District: Dis	Communication Date  Disbursement/Obligation For: Primary General Other (specify)  Disbursement/Obligation For: Primary General Other (specify)  Disbursement/Obligation For: Primary General Other (specify)  Disbursement/Obligation For:

ers	Person(s) Sharing/Exercising Control				
A.	(a) Name Daniel Paul	Caprio			
	(b) Address (number and street)  (c) City, State and ZIP Code  (c) City, State and ZIP Code  (d) 1 Cago, IL 646. 43215				
В.	(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			

## Via E-Mail

Federal Election Commission  ENVELOPE REPLACEMENT PAGE FOR INCOMING D  The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify): Fma.*/  Date of Rec	ceipt or Postmarked $10/19/20$
RT	10/19/20
(3/2015) .	DATE PREPARED