

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation <i>Patriotic Veterans, Inc.</i>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>540 N. Dearborn St. P.O. B 101239</i>	3. FEC Identification Number C30001978
(c) City, State and ZIP Code <i>Chicago, IL 60610</i>	
2. Occupation and Name of Employer (for Individual Filers Only) <i>501 (c) 4 Committee</i>	

MONITORING OF COMMUNICATIONS FROM me.

4. COVERED PERIOD: FROM / / THROUGH / /

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 Lindsey,"*

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: *Radio ad.*

8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT? Yes No

9. CUSTODIAN OF RECORDS
(a) Name *Daniel Paul Caprio*
(b) Address (number and street) *155 W. Main St. #302*
(c) City, State and ZIP Code *Chicago, IL 60610* *consultant*
(d) Name of Employer or Principal Place of Business *Paul Caprio + Assoc.* (e) Occupation

10. TOTAL DONATIONS THIS STATEMENT

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT

Under penalty of perjury I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM <i>Daniel Paul Caprio</i>	SIGNATURE <i>D.P. Caprio</i>	DATE <i>10-18-20</i>
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

Richard Uihlein

Mailing Address of Donor

1396 W. Waukegan Blvd.

City

State

Zip

Lake Forest, IL. 60045

Date of Receipt

10 / 06 / 2020

Amount

\$45,000.00

B. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

C. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

D. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

Amount

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

45,000.00

TOTAL This Period (last page this line number only).....▶
 (carry total from last page to Line 10)

45,000.00

NONPROFIT CORPORATION

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <i>Ad Associates (Dorothy Baker)</i>				Date of Disbursement or Obligation 70 / 19 / 2020	
Mailing Address of Payee <i>10491 FM 2451</i>				Amount \$45,000.00	
City <i>Scurry TX.</i>		State <i>TX.</i>		Zip Code <i>75158</i>	
Name of Employer <i>Ad Assoc.</i>		Occupation <i>advertising</i>		Communication Date 70 / 20 / 2020	
Purpose of Disbursement (Including title(s) of communication(s)) <i>Radio ad</i>					
Name of Federal Candidate <i>Thom Tillis</i>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: <i>NC</i> District: _____	
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		State: _____ District: _____	
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		State: _____ District: _____	
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 _____ / _____ / _____	
Mailing Address of Payee _____				Amount _____	
City _____		State _____		Zip Code _____	
Name of Employer _____		Occupation _____		Communication Date _____ / _____ / _____	
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		State: _____ District: _____	
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		State: _____ District: _____	
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		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
SUBTOTAL of Disbursements/Obligations This Page (optional).....				\$45,000.00	
TOTAL This Period (last page this line number only)..... (carry total from last page to Line 11)				\$45,000.00	

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

12. Person(s) Sharing/Exercising Control

A. (a) Name Daniel Paul Caprio
(b) Address (number and street) 155 W. Main St. # 302
(c) City, State and ZIP Code Chicago, IL. 60643215
(d) Name of Employer or Principal Place of Business Paul Caprio + Assoc.
(e) Occupation Consultant

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

