

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **Patriotic Veterans**

(b) Address (number and street) check if different than previously reported
414 N Orleans Plaza
320

(c) City, State and ZIP Code
Chicago IL 60654

2. FEC Identification Number

C C30001978

(d) Name of Employer or Principal Place of Business Self-employed (e) Occupation consultant

3. Is This Statement

New
or
 Amended

4. Covering Period

MM / DD / YYYY
01 / 01 / 2016
through
MM / DD / YYYY
03 / 15 / 2016

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

MM / DD / YYYY
03 / 09 / 2016

(b) Communication Title Patriotic Veterans Against Trump

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
Paul Caprio

(b) Address (number and street)
414 N Orleans Plaza
320

(c) City, State and ZIP Code
Chicago IL 60654

(d) Name of Employer or Principal Place of Business Self-employed (e) Occupation Consultant

9. Total Donations This Statement

25000.00

10. Total Disbursements/Obligations This Statement

25000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Paul Caprio

SIGNATURE Paul Caprio

[Electronically Filed] DATE 05/25/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Lorez Hart</p> <hr/> <p>Mailing Address of Donor 722 12 St. 4th Floor</p> <hr/> <p>City State Zip Washington DC 20005</p>	<p>Date of Receipt</p> <p style="text-align: center;"> <input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2016"/> </p> <p>Amount</p> <p style="text-align: right;"><input type="text" value="25000.00"/></p> <p>Transaction ID : F92.000001</p>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p style="text-align: center;"> <input type="text"/> / <input type="text"/> / <input type="text"/> </p> <p>Amount</p> <p style="text-align: right;"><input type="text"/></p>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p style="text-align: center;"> <input type="text"/> / <input type="text"/> / <input type="text"/> </p> <p>Amount</p> <p style="text-align: right;"><input type="text"/></p>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p style="text-align: center;"> <input type="text"/> / <input type="text"/> / <input type="text"/> </p> <p>Amount</p> <p style="text-align: right;"><input type="text"/></p>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p style="text-align: center;"> <input type="text"/> / <input type="text"/> / <input type="text"/> </p> <p>Amount</p> <p style="text-align: right;"><input type="text"/></p>
<p>SUBTOTAL of Donations This Page (optional)</p>	<p style="text-align: right;"><input type="text" value="25000.00"/></p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p style="text-align: right;"><input type="text" value="25000.00"/></p>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Advertising Associates			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 09 / 2016 </div>
Mailing Address of Payee 10491 FM 2451			Amount <div style="border: 1px solid black; padding: 2px;"> 25000.00 </div>
City Scurry	State TX	Zip Code 75158	Communication Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 09 / 2016 </div>
Name of Employer Occupation			Transaction ID : F93.000001
Purpose of Disbursement (Including title(s) of communication(s)) Patriotic Veterans Against Trump radio spot			
Name of Federal Candidate Donald Trump	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <u>IL</u> District: _____	Disbursement/Obligation For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Transaction ID : F94.000002			
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 <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address of Payee			Amount <div style="border: 1px solid black; padding: 2px;"> </div>
City	State	Zip Code	Communication Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Name of Employer Occupation			
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) ▶	<div style="border: 1px solid black; padding: 2px;"> 25000.00 </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: 2px;"> 25000.00 </div>