

# FEC FORM 9

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

### 1. Person Making the Disbursements/Obligations

(a) Name Patrotic Veterans, Inc

(b) Address (number and street)  check if different than previously reported  
540 W. Dearborn P.O. Box 101239

(c) City, State and ZIP Code Chicago IL 60610

(d) Name of Employer or Principal Place of Business \_\_\_\_\_ (e) Occupation \_\_\_\_\_

2. FEC Identification Number **C30001978**

3. Is This Statement  New or  Amended

4. Covering Period **11/01/2022** through **11/07/2022**

5. (a) Date of Public Distribution(s) **11/01/2022** (b) Communication Title Ms. Lindsey #2

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: 501(c)(4)

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 D. Paul Caprio

(b) Address (number and street) 155 W. Main St. #302

(c) City, State and ZIP Code Columbus Ohio 43215

(d) Name of Employer or Principal Place of Business \_\_\_\_\_ (e) Occupation Paul Caprio Assoc. Sole Proprietor

9. Total Donations This Statement **25000**

10. Total Disbursements/Obligations This Statement **25000**

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM D Paul Caprio

SIGNATURE D Paul Caprio DATE 10-30-22

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)

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2

11. Person(s) Sharing/Exercising Control

<b>A.</b>	(a) Name D Paul Caprio
	(b) Address (number and street) 155 W. Main St # 302
	(c) City, State and ZIP Code Columbus, Ohio 43215
	(d) Name of Employer or Principal Place of Business Paul Caprio + Associates
	(e) Occupation sole proprietor
<b>B.</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
<b>C.</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
<b>D.</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
<b>E.</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

**SCHEDULE 9-A**  
**Donation(s) Received**

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**A. Full Name of Donor**  
 Restoration PAC

**Mailing Address of Donor**  
 19013 Butterfield Rd #120

**City** Downers Grove, IL **State** IL **Zip** 60515

**Date of Receipt**  
 10 / 14 / 2022

**Amount**  
 25,000.00

**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) ▶

\$25,000.00

**TOTAL** This Period (last page this line number only) ▶  
(carry total from last page to Line 9)

25,000.00

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Ad Associates / Dorothy Baker		<b>Date of Disbursement or Obligation</b> 11/01/2022	
<b>Mailing Address of Payee</b> 10491 FM 2451		<b>Amount</b> 25,000.00	
<b>City</b> Scurry	<b>State</b> TX	<b>Zip Code</b> 75158	<b>Communication Date</b> 11/01/2022
<b>Name of Employer</b> Dorothy Baker Media Consult			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Radio Ads - Ms Lindsey #2			
<b>Name of Federal Candidate</b> Ted Budd	<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> NC <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> _____		<b>Date of Disbursement or Obligation</b> _____ / _____ / _____	
<b>Mailing Address of Payee</b> _____		<b>Amount</b> _____	
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____	<b>Communication Date</b> _____ / _____ / _____
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> _____			
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		\$ 25,000.00	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)		25,000.00	

**Via E-Mail**

Federal Election Commission	
<b>ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS</b>	
The FEC added this page to the end of this filing to indicate how it was received.	
<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<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): <i>VIA EMAIL</i>	Date of Receipt or Postmarked <i>10/31/22</i>
<i>WDD</i> PREPARER	<i>10/31/22</i> DATE PREPARED

(3/2015)