

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Patriotic Veterans, Inc.
(b) Address (number and street) check if different than previously reported 540 N. Dearborn St. P.O. B 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

03 / 28 / 2022
through
04 / 03 / 2022

5. (a) Date of Public Distribution(s) 03 / 28 / 2022 (b) Communication Title Proven Fighter

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) tax exempt

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 sole proprietor

9. Total Donations This Statement

\$ 156,000.00

10. Total Disbursements/Obligations This Statement

60,000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

D. Paul Caprio
P. Paul Caprio

DATE

3-25-22

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)

11. Person(s) Sharing/Exercising Control

A.	(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 + Assoc.
	(e) Occupation Sole proprietor
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

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor <i>Richard Uihlein</i></p> <p>Mailing Address of Donor <i>12575 Uline Dr.</i></p> <p>City State Zip <i>Pleasant Prairie, WI 53158</i></p>	<p>Date of Receipt <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2022"/></p> <p>Amount <input type="text" value="\$ 150,000.00"/></p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/></p> <p>Amount <input type="text" value=""/></p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/></p> <p>Amount <input type="text" value=""/></p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/></p> <p>Amount <input type="text" value=""/></p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/></p> <p>Amount <input type="text" value=""/></p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p><input type="text" value="150,000.00"/></p>
<p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p>	<p><input type="text" value="9 150,000.00"/></p>

11/20/2022 10:00 AM

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee Advertising Associate's</p> <p>Mailing Address of Payee 10491 Fm 2451</p> <p>City State Zip Code Scurry, Texas 75158</p> <p>Name of Employer Occupation Dorothy Baker, media consultant</p> <p>Purpose of Disbursement (Including title(s) of communication(s)) purchase of radio ads "Proven Fighter"</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>ohio</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation 03 / 23 / 2002</p> <p>Amount \$ 60,000.00</p> <p>Communication Date 03 / 28 / 2002</p>
<p>B. Full Name (Last, First, Middle Initial) of Payee</p> <p>Mailing Address of Payee</p> <p>City State Zip Code</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s))</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation ____ / ____ / _____</p> <p>Amount _____</p> <p>Communication Date ____ / ____ / _____</p>
<p>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ \$ 60,000.00</p> <p>TOTAL This Period (last page this line number only) ▶ \$ 60,000.00</p> <p>(carry total from last page to Line 10)</p>	

Via E-Mail

NONI : OM : 19 : OM : 000001014

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked	
<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):	Date of Receipt or Postmarked
VIA EMAIL	3/25/22
WDO PREPARER	3/28/22 DATE PREPARED

(3/2015)

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