

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 POB 101239

(c) City, State and ZIP Code

Chicago, IL 60610

2. FEC Identification Number

C30021978

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

New

or

Amended

4. Covering Period

11 / **02** / **2022**

through

11 / **07** / **2022**

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

11 / **02** / **2022**

(b) Communication Title

"Running Away"

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: *Sec (c) 4 comm. Hec*

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

950.00

10. Total Disbursements/Obligations This Statement

950.00

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

11-2-22

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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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

PAGE 3 OF

A. Full Name of Donor

Restoration Pac #120
Mailing Address of Donor
1901 Butterfield Rd
City State Zip
Downers Grove, IL 60515

Date of Receipt

10 / 14 / 2022

Amount

\$ 50,000 -

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)

\$ 50,000 -

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

\$ 50,000 -

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

4

A. Full Name (Last, First, Middle Initial) of Payee Ad Associates/Dorothy Baker		Date of Disbursement or Obligation 11 / 02 / 2022	
Mailing Address of Payee 10491 FM 2451		Amount 500.00	
City Scurry, TX	State TX	Zip Code 75158	Communication Date 11 / 02 / 2022
Name of Employer Dorothy Baker Assoc. Media Buyer		Occupation Media Buyer	
Purpose of Disbursement (Including title(s) of communication(s)) RADIO ADS - "Running Away"			
Name of Federal Candidate J D Vance	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: Ohio	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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:	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:	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	Communication Date
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:	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:	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:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional)		500.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		500.00	

Via E-Mail

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	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>11/2/22</i>
<i>WDE</i> PREPARER	<i>11/3/22</i> DATE PREPARED
(3/2015)	