

# FEC FORM 9

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

### 1. Person Making the Disbursements/Obligations

(a) Name Patricie Veterans, Inc.

(b) Address (number and street)  check if different than previously reported  
546 N Dearborn St POB 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 

MON	10	24	2022
THRU	10	30	2022

 through

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

MON	10	24	2022
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 (b) Communication Title Quacker

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) comm. fee (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 

MON	52	362	-
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10. Total Disbursements/Obligations This Statement 

MON	52	362	-
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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 10-23-22

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)

PAGE OF  
2

**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name <u>D. Paul Caprio</u>
	(b) Address (number and street) <u>155 W Main St #302</u>
	(c) City, State and ZIP Code <u>Columbus, Ohio 43215</u>
	(d) Name of Employer or Principal Place of Business <u>Paul Caprio &amp; Assoc. Sole Proprietor</u>
	(e) Occupation
<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**

A. Full Name of Donor

*Restoration Pac (c-4)*

Mailing Address of Donor

*1901 Butterfield Rd. #120*

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

Date of Receipt

*09* / *09* / *2022*

Amount

*52,362.00*

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) .....

*52,362.00*

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

*52,362.00*

SCHEDULE 9-B

PAGE OF

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 <i>10 / 14 / 2022</i>		
Mailing Address of Payee <i>10491 FM 2451</i>			Amount <i>52,362.00</i>		
City <i>Scurry</i>	State <i>TX</i>	Zip Code <i>75158</i>	Communication Date <i>10 / 24 / 2022</i>		
Name of Employer <i>Dorothy Baker - Media place</i>			Purpose of Disbursement (Including title(s) of communication(s)) <i>Purchase of radio ads ment - Quaker</i>		
Name of Federal Candidate <i>Dr Mehmet Oz</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>Ta</i> District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate	Office Sought:	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate	Office Sought:	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	Communication Date		
Name of Employer			Purpose of Disbursement (Including title(s) of communication(s))		
Name of Federal Candidate	Office Sought:	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate	Office Sought:	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
Name of Federal Candidate	Office Sought:	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) .....	<i>52,362.00</i>
TOTAL This Period (last page this line number only) .....	<i>52,362.00</i>
(carry total from last page to Line 10)	

**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	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>Email</i>	Date of Receipt or Postmarked <i>10/23/22</i>
<i>PJZ</i>	<i>10/24/22</i>
PREPARER	DATE PREPARED
(3/2015)	