

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED

2012 NOV -5 AM 9:29

1. Person Making the Disbursements/Obligations

FEC MAIL CENTER

(a) Name Patriotic Veterans, Inc.

(b) Address (number and street) check if different than previously reported

414 N. Orleans Plz. #320

(c) City, State and ZIP Code

Chicago, IL 60654

(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

10 ^M 01 ^D 2012 ^Y
through

10 ^M 17 ^D 2012 ^Y

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

10 ^M 15 ^D 2012 ^Y

(b) Communication Title

Indiana Radio to Veterans

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 D. Paul Caprio

(b) Address (number and street) 414 N. Orleans Plz. #320

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

(d) Name of Employer or Principal Place of Business

Patriotic Veterans, Inc.

(e) Occupation

President.

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

, 46,500.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE D. P. Caprio

DATE 10-15-2012

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 1 OF 2

11. Person(s) Sharing/Exercising Control

A.	(a) Name D. Paul Caprio
	(b) Address (number and street) 414 N. Orleans Plz. # 320
	(c) City, State and ZIP Code Chicago, IL 60654
	(d) Name of Employer or Principal Place of Business Patriotic Veterans, Inc.
	(e) Occupation President
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-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Advertising Associates				Date of Disbursement or Obligation 10 09 2012	
Mailing Address of Payee 10491 FM 2451				Amount 46,200.00	
City Scurry TX		State TX		Zip Code 75158	
Name of Employer Radio buy, Indiana Radio to Veterans				Occupation Radio buy, Indiana Radio to Veterans	
Purpose of Disbursement (Including title(s) of communication(s)) 10 13 2012					
Name of Federal Candidate Joe Donnelly		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: IN District: _____	
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: _____ 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 Steve McKenzie				Date of Disbursement or Obligation 10 09 2012	
Mailing Address of Payee 1320 Morraine Dr.				Amount 300.00	
City Woodstock, IL		State IL		Zip Code 60098	
Name of Employer Radio production on Indiana Radio to				Occupation Radio production on Indiana Radio to	
Purpose of Disbursement (Including title(s) of communication(s)) Joe Donnelly Veterans 10 13 2012					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: IN District: _____	
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: _____ 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) ▶				46,500.00	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				46,500.00	

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
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>11/7/2012</i>
Next Business Day Delivery <input checked="" 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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JB</i>	<i>11/5/2012</i>
PREPARER	DATE PREPARED