

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation <i>Patriotic Veterans, Inc.</i>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>540 N. Dearborn St. #B 101239</i>	3. FEC Identification Number C30001978
(c) City, State and ZIP Code <i>Chicago, IL 60610</i>	
2. Occupation and Name of Employer (for Individual Filers Only) _____	

4. COVERED PERIOD: FROM **10** / **26** / **2020** THROUGH **11** / **02** / **2020**

5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on _____

6. (a) DATE OF PUBLIC DISTRIBUTION(S) **10** / **26** / **2020**

(b) COMMUNICATIONS TITLE *Minnesota - Women*

7. THE FILER IS: (a) an Individual (b) a Corporation or Labor Organization making communications under 11 CFR 114.10
(c) an Unincorporated Organization (d) Other, specify: *Radio ad*

8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT? Yes No

9. CUSTODIAN OF RECORDS

(a) Name *D. Paul Caprio*

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

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

(d) Name of Employer or Principal Place of Business *Paul Caprio Assoc.* (e) Occupation *sole proprietor*

10. TOTAL DONATIONS THIS STATEMENT..... **20,000.00**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT..... **20,000.00**

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

D. Paul Caprio

D. Paul Caprio *10-25-20*

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

12. 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 _____

NONDISCRIMINATION NOTICE

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
 Richard Uihlein
 Mailing Address of Donor
 12575 Uline Drive
 City State Zip
 Pleasant Prairie, Wi. 53158

Date of Receipt
 10 / 26 / 2018
 Amount
 20000.00

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)

20000.00

TOTAL This Period (last page this line number only)
 (carry total from last page to Line 10)

20000.00

RECORDED IN 10101 OF 0101

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
 Advertising Assoc. Dorothy

Mailing Address of Payee
 10491 Fm 2451 Baker

City Scurry **State** TX **Zip Code** 75158

Name of Employer Advertising Assoc media placement **Occupation**

Purpose of Disbursement (Including title(s) of communication(s))
 Dorothy Baker

Date of Disbursement or Obligation
 10 / 26 / 2020

Amount
 20,000.00

Communication Date
 10 / 27 / 2020

Name of Federal Candidate Donald Trump	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ 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

Mailing Address of Payee

City **State** **Zip Code**

Name of Employer **Occupation**

Date of Disbursement or Obligation

Amount

Communication Date

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) ▶
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) ▶ **20,000.00**

TOTAL This Period (last page this line number only) ▶ **20,060.00**
 (carry total from last page to Line 11)

2025 RELEASE UNDER E.O. 14176

©-NOMINEE : TWO (01N) (01H) (01N) (01N)

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	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>10/26/20</i>
<i>RSZ</i> PREPARER	<i>10/26/20</i> DATE PREPARED

11-NOV-2020 10:01:00 AM