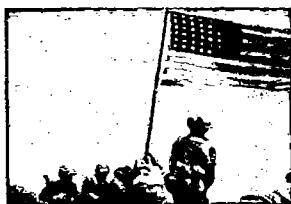


Paul Caprio
President



RECEIVED
FEC MAIL CENTER

Col. Charles
Thomann,
U.S. Army, (Ret.)

2018 JUN 25 AM 10:31

Patriotic Veterans, Inc.

To: Bradley Austin
FEC/reports Analysis Division

From: Paul Caprio
Patriotic Veterans
ID# C30001978

Date: June 15, 2018

Re: Amended FEC 9 Report
04/30/2018 to 05/08/2018

Response to question #1 in FEC letter of May 24, 2018:

I filed the report by regular mail on April 30, 2018...prior to the ads beginning to run on May 1, 2018. I offered to send in the report by FedEx so that it would be received prior to the ad running, but was advised by legal counsel that a April 30 postmark was acceptable-- Apparently , an error.

Amended Form 9 is enclosed.

414 North Orleans Plaza • Suite 320 • Chicago, IL 60654 • Phone: 312-670-4238

• Email: Pcaprio1@yahoo.com

2018 JUN 25 AM 10:31

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED
FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation PATRIOTIC VETERANS, INC.		2018 JUN 25 AM 10:31
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 414 N. ORLEANS PLAZA #320		3. FEC Identification Number 030001978
(c) City, State and ZIP Code Chicago, IL 60654		
2. Occupation and Name of Employer (for Individual Filers Only)		

2018 JUN 25 AM 10:31

4. COVERED PERIOD: FROM **04' 30' 2018** THROUGH **05' 08' 2018**

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

6. (a) DATE OF PUBLIC DISTRIBUTION(S) **04' 30' 2018**
 (b) COMMUNICATIONS TITLE **"AWOL, Values" - radio ads**

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: **5-01(c) 4**

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

9. CUSTODIAN OF RECORDS
 (a) Name **PAUL CAPRIO, President - Treasurer**
 (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** (e) Occupation **consultant**

10. TOTAL DONATIONS THIS STATEMENT **\$ 45,000.00**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT **45,000.00**

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Paul Caprio

Paul Caprio

4-30-18

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

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor Richard Uihlein	Date of Receipt 04/27/2018
Mailing Address of Donor 1396 N. Waukegan Blvd.	Amount \$ 35,000.00
City State Zip Lake Forest, IL 60045	

B. Full Name of Donor Michael Ryan Storloc	Date of Receipt 04/28/2018
Mailing Address of Donor 880 N. Washington, Ave.	Amount \$ 10,000.00
City State Zip Kankakee, IL 60901	

C. Full Name of Donor _____	Date of Receipt M / D / Y Y Y Y
Mailing Address of Donor _____	Amount _____
City State Zip _____	

D. Full Name of Donor _____	Date of Receipt M / D / Y Y Y Y
Mailing Address of Donor _____	Amount _____
City State Zip _____	

E. Full Name of Donor _____	Date of Receipt M / D / Y Y Y Y
Mailing Address of Donor _____	Amount _____
City State Zip _____	

SUBTOTAL of Donations This Page (optional) ▶	\$ 45,000.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	\$ 45,000.00

NON-PROFIT ORGANIZATION

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

PAGE OF

12. Person(s) Sharing/Exercising Control

A. (a) Name 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 Patriotic Veterans 414 N. Orleans Plaza # 320
(e) Occupation Consultant

B. (a) Name Chi, Ct. 60654
(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

11-11-2018 10:00:00 AM

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee <i>Dorothy Baker / Ad Assoc.</i>			Date of Disbursement or Obligation <i>04 30 2018</i>
Mailing Address of Payee <i>10491 FM 2451</i>			Amount <i>45,000.00</i>
City <i>Scurry, Texas</i>	State <i>Texas</i>	Zip Code <i>75158</i>	Communication Date <i>05 01 2018</i>
Name of Employer <i>Ad Associates</i>			Occupation <i>MEDIA Buyer</i>

Purpose of Disbursement (Including title(s) of communication(s))
RADIO ADS - Morrissey Values / A.W.O.C

Name of Federal Candidate <i>Patrick Morrissey</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>va.</i>	Disbursement/Obligation For: <input checked="" 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) ▶

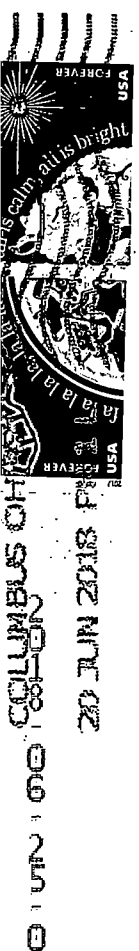
B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation
Mailing Address of Payee			Amount
City	State	Zip Code	Communication Date
Name of Employer			Occupation

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).....▶	<i>\$ 45,000.00</i>
TOTAL This Period (last page this line number only).....▶ (carry total from last page to Line 11)	<i>\$ 45,000.00</i>

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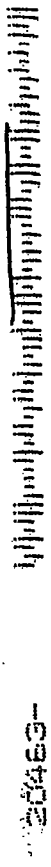
Patriotic Veterans, Inc.
414 North Orleans Plaza · Suite 320 · Chicago, IL 60654



Federal Election Commission
1050 First St. N.E.
c/o Bradley Austin
Washington, D.C.

Attn: Bradley Austin

20463



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
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<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 6/20/18	Date of Receipt 6/25/18
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<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
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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ES PREPARER	6/25/18 DATE PREPARED
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