

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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

4. COVERED PERIOD: FROM **02** ' **21** ' **2024** THROUGH **03** ' **02** ' **2024**

5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on **MM** ' **DD** ' **YYYY**

6. (a) DATE OF PUBLIC DISTRIBUTION(S) **03** ' **22** ' **2024**

(b) COMMUNICATIONS TITLE "Play Ball"

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: 501 (c) 4 comm. Hk

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

9. CUSTODIAN OF RECORDS

(a) Name Daniel Paul Caprio

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

(c) City, State and ZIP Code Columbus, Ohio 43215

(d) Name of Employer or Principal Place of Business Paul Caprio Associates (e) Occupation owner-consultant

10. TOTAL DONATIONS THIS STATEMENT..... **80,000.00**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT **70,000.00**

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Daniel Paul Caprio

SIGNATURE

Daniel Paul Caprio

DATE

2-22-24

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 Daniel Paul Caprio
(b) Address (number and street) 155 W. Main #302
(c) City, State and ZIP Code Columbus, Ohio 43215
(d) Name of Employer or Principal Place of Business Paul Caprio Assoc.
(e) Occupation owner-consult.

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

A. Full Name of Donor
Restoration Pac

Mailing Address of Donor
1901 Bulterfield Rd. ^{LE} 12

City State Zip
Downers Grove, IL 60515

Date of Receipt
03 / 21 / 2024

Amount
80,000.00

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) ▶

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

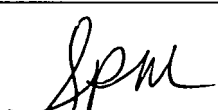
SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Ad Associates				Date of Disbursement or Obligation 02 / 27 / 2024	
Mailing Address of Payee 10491 FM 2451				Amount 70,000.00	
City State Zip Code Scurry TX 75158		Name of Employer Occupation Dorothy Baker - owner-media		Communication Date 02 / 22 / 2024	
Purpose of Disbursement (Including title(s) of communication(s)) RADIO ADS "Play Ball" Placement					
Name of Federal Candidate Frank LaRose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OHB District:		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: 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				Date of Disbursement or Obligation	
City State Zip Code				Amount	
Name of Employer Occupation				Communication Date	
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: 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).....				70,000.00	
TOTAL This Period (last page this line number only)..... (carry total from last page to Line 11)				70,000.00	

Via E-Mail

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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 Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input checked="" type="checkbox"/> Received via Email	Date of Receipt 3/11/24
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	3/11/24 DATE PREPARED

(4/2023)