

# FEC FORM 9

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

1. (a) Name of Individual, Organization or Corporation <u>Patriotic Veterans Inc. (C-4)</u>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <u>5410 N. Dearborn P.O. Box 101239</u>	3. FEC Identification Number <u>C30001978</u>
(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 10 / 20 / 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 / 27 / 2020  
(b) COMMUNICATIONS TITLE FARMERS - WISC.

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 ads

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 St. #302  
(c) City, State and ZIP Code Columbus, Ohio 43215 Consultant  
(d) Name of Employer or Principal Place of Business Paul Caprio & Assoc. (e) Occupation

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

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT ..... 20,600.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
<u>D. Paul Caprio</u>	<u>D. Paul Caprio</u>	<u>10-24-20</u>

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

Mailing Address of Donor

12575 Uline Dr.

City State Zip

Pleasant Prairie WI 53158

Date of Receipt

10 / 20 / 2020

Amount

20,000.00

**B. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

**C. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

**D. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

**E. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

**SUBTOTAL** of Donations This Page (optional).....▶

20,000.00

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

20,000.00

NON-PROFIT CORPORATION

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Advert. Associates				Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2020	
Mailing Address of Payee 10491 FM 2451				Amount \$ 20,000.00	
City Scurry, Tx.		State TX		Zip Code 75158	
Name of Employer Ad Assoc. - Dorothy Baker				Communication Date MM / DD / YYYY 10 / 27 / 2020	
Purpose of Disbursement (Including title(s) of communication(s)) Radio Ads - Farmers					
Name of Federal Candidate Donald J. Trump		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: Wisc 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>B. Full Name (Last, First, Middle Initial) of Payee</b> _____					
Mailing Address of Payee _____					
City _____		State _____		Zip Code _____	
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: _____ 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) _____					
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) .....				\$ 20,000.00	
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to Line 11)				\$ 20,000.00	

NONPROFIT CORPORATION

**Via E-Mail**

11-11-2008 10:00:00 AM

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

2025 RELEASE UNDER E.O. 14176