

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation <u>Patriotic Veterans Inc</u>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <u>540 W. 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 10 / 07 / 2020 THROUGH 11 / 02 / 2020

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

6. (a) DATE OF PUBLIC DISTRIBUTION(S) 10 / 27 / 2020

(b) COMMUNICATIONS TITLE WOMEN WISE

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 Daniel 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 & Ass (e) Occupation Consultant

10. TOTAL DONATIONS THIS STATEMENT **36,000.00**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT **36,000.00**

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

D. Paul Caprio

SIGNATURE

D. P. Caprio

DATE

10-24-20

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 <i>Daniel Paul Caprio</i>
	(b) Address (number and street) <i>155 W. Main St #302</i>
	(c) City, State and ZIP Code <i>Columbus, Ohio 43215</i>
	(d) Name of Employer or Principal Place of Business <i>Paul Caprio Assoc</i>
	(e) Occupation <i>sole proprietor</i>
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

Richard Uihlein

Mailing Address of Donor

12575 Uline Dr.

City State Zip

Pleasant Prairie WI 53158

Date of Receipt

1 0 / 2 0 / 2 0 2 0

Amount

30,000.00

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).....▶

30,000.00

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

30,000.00

NONPROFIT ORIGIN

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

10 / 23 / 2020

Mailing Address of Payee

10491 Fm 2451

Amount

30,000.00

City State Zip Code

Scurry TX 75158

Communication Date

10 / 27 / 2020

Name of Employer Occupation

Ad Assoc Dorothy Baker media

Purpose of Disbursement (Including title(s) of communication(s))
 Radio ads - women Placement

Name of Federal Candidate Office Sought: House Senate President State: WV District: _____ Disbursement/Obligation For: Primary General Other (specify) _____

Name of Federal Candidate Office Sought: House Senate President State: _____ District: _____ Disbursement/Obligation For: Primary General Other (specify) _____

Name of Federal Candidate Office Sought: House Senate President State: _____ District: _____ Disbursement/Obligation For: Primary General Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

Date of Disbursement or Obligation

MM / DD / YYYY

City State Zip Code

Amount

MM / DD / YYYY

Name of Employer Occupation

Communication Date

MM / DD / YYYY

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

Name of Federal Candidate Office Sought: House Senate President State: _____ District: _____ Disbursement/Obligation For: Primary General Other (specify) _____

Name of Federal Candidate Office Sought: House Senate President State: _____ District: _____ Disbursement/Obligation For: Primary General Other (specify) _____

Name of Federal Candidate Office Sought: House Senate President State: _____ District: _____ Disbursement/Obligation For: Primary General Other (specify) _____

SUBTOTAL of Disbursements/Obligations This Page (optional).....▶

30,000.00

TOTAL This Period (last page this line number only).....▶
 (carry total from last page to Line 11)

30,000.00

Via E-Mail

ANNOUNCED : MO : ON : OF : ONON

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *Email* Date of Receipt or Postmarked
10/26/20

PSZ *10/26/20*
 PREPARER DATE PREPARED

UNIVERSITY MICROFILMS INTERNATIONAL