

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation Patriotic Veterans	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 540 N. Dearborn St. P.O. 13101239	3. FEC Identification Number C30001978
(c) City, State and ZIP Code Chicago, IL. 60610	
2. Occupation and Name of Employer (for Individual Filers Only)	

4. COVERED PERIOD: FROM **10** / **27** / **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 **Farmers - Minn.**

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 **Columbus, Ohio 43215**
(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: _____ (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 _____

NONDISCLOSURE NOTICE

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 / 27 / 2020

Amount

20,000.00

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)

20,000.00

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

20,000.00

NONPROFIT CORPORATION

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

A. Full Name (Last, First, Middle Initial) of Payee Advertising Assoc. / Dorothy Baker				Date of Disbursement or Obligation 10 / 26 / 2020	
Mailing Address of Payee 10491 Fm 2451				Amount 20,000.00	
City Scurry TX		State TX		Zip Code 75158	
Name of Employer Dorothy Baker - media placement		Occupation media placement		Communication Date 10 / 27 / 2020	
Purpose of Disbursement (Including title(s) of communication(s))					
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				Date of Disbursement or Obligation MM / DD / YYYY	
City State Zip Code				Amount	
Name of Employer Occupation				Communication Date MM / DD / YYYY	
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).....▶				20,000.00	
TOTAL This Period (last page this line number only).....▶ (carry total from last page to Line 11)				20,000.00	

Via E-Mail

1-800-444-4444

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

RJZ *10/26/20*
 PREPARER DATE PREPARED

2015 RELEASE UNDER E.O. 13526