

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 it different than previously reported <u>540 N. Dearborn St. P.O. B. 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 / 25 / 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 / 30 / 2020
(b) COMMUNICATIONS TITLE Play Ball - Minnesota

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 Chicago, IL 60610
(d) Name of Employer or Principal Place of Business Paul Caprio + Assoc (e) Occupation sole proprietor

10. TOTAL DONATIONS THIS STATEMENT..... \$130,000.00

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT..... 30,000.00

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)

PAGE OF

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 5		
	(d) Name of Employer or Principal Place of Business		(e) Occupation	
		Paul Caprio Assoc	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	

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 / 26 / 2020

Amount

30,000.00

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).....▶

30,000.00

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

30,000.00

2020 RELEASE UNDER E.O. 14176

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

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

Ad Associates - Dorothy Baker

Mailing Address of Payee

16491 Fm 2451

City

Scurry, TX

State

Zip Code

75158

Name of Employer

Dorothy Baker media placement

Occupation

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

Radio ads - Play Ball - Minnesota

Name of Federal Candidate

Office Sought:

House

State:

Minn.

Senate

District:

President

Jason Lewis

Disbursement/Obligation For:

Primary General

Other (specify) ▶

Name of Federal Candidate

Office Sought:

House

State:

Senate

District:

President

Disbursement/Obligation For:

Primary General

Other (specify) ▶

Name of Federal Candidate

Office Sought:

House

State:

Senate

District:

President

Disbursement/Obligation For:

Primary General

Other (specify) ▶

Date of Disbursement or Obligation

7 0 / 2 6 / 2 0 2 0

Amount

30 000 00

Communication Date

7 0 / 2 7 / 2 0 2 0

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

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:

House

State:

Senate

District:

President

Disbursement/Obligation For:

Primary General

Other (specify) ▶

Name of Federal Candidate

Office Sought:

House

State:

Senate

District:

President

Disbursement/Obligation For:

Primary General

Other (specify) ▶

Name of Federal Candidate

Office Sought:

House

State:

Senate

District:

President

Disbursement/Obligation For:

Primary General

Other (specify) ▶

Date of Disbursement or Obligation

MM / DD / YYYY

Amount

Amount field

Communication Date

MM / DD / YYYY

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

WWW.BUNDESDIENST.DE

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 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>

RR
 PREPARER
 (3/2015)

10/26/20
 DATE PREPARED

20101103 10:00:00 AM