## **FEC FORM 9** 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation						
Patriotic Veterans, Inc.						
(b) Address (number and street) Check if different than previously reported 546 N. Dear born SF. P.0. 13. 101 239 3. FEC Identification Number						
(c) City, State and ZIP Code						
Chicago, T.L. 66610						
4. COVERED PERIOD: FROM 70 20 20 THROUGH 71 02 2020						
5. IS THIS REPORT AN AMENDMENT?						
6. (a) DATE OF PUBLIC DISTRIBUTION(S)						
(b) COMMUNICATIONS TITLE Play 13all - Minnesola						
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?						
9. CUSTODIAN OF RECORDS						
(a) Name D. Paul Caprio (b) Address (number and street)						
155 W. Main St. 4302						
(c) Address (number and street) 155 W. Main St. 4302 (c) City, State and ZIP Code ChiCago, IL. 60610						
(d) Name of Employer or Procinal Place of Business (e) Occupation						
Paul Caprio + assoc sole proprietor						
10. TOTAL DONATIONS THIS STATEMENT						
11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT						
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 Capt 16-25-2	1					
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.	ماد					

## List of Person(s) Sharing/Exercising Control (use additional pages as necessary)

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'ers	son(s) Sharing/Exercising Control				
A.	(a) Name D. Paul Caprio (b) Address (number and street) Main S.t. # 302				
		5			
	(c) City, State and ZIP Code Columbus, Ohio 43215 (d) Name of Employer or Principal Place of Business Paul Caprio Lassoc	(e) Occupation Sole, proprietor			
<b>B</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			
Ε.	(a) Name	<u>, , , , , , , , , , , , , , , , , , , </u>			
	(b) Address (number and street)				
	(c) City, State and ZIP Code				

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FEC Form 9 (REV. 01/2018)

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## SCHEDULE 9-A Donation(s) Received

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	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			Amount
	City	State	Zip	
C.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor	····		Amount
	City	State	Zip	
D.	Full Name of Donor	·		Date of Receipt
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	City ·	State	Zip	- t-t-t-p-t-t-t-p-t-t-t-t-
E.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor		· · · · · · · · · · · · · · · · · · ·	Amount
	City	State	Zip	
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TAL	This Period (last page this line r (carry total from last page to Lin		•••••••	3.0,0.0.0,00

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Senate       District:       Primary       Ge         Name of Federal Candidate       Office Sought:       House       State:       Disbursement/Obligation f         President       District:       Primary       Ge         President       District:       Primary       Ge         President       District:       Primary       Ge         President       District:       Primary       Ge         Name (Last, First, Middle Initial) of Payee       Date of Disbursement or       Primary         Mailing Address of Payee       Date of Disbursement or       Primary       Ge         Name of Employer       Occupation       Communication Date       Primary       Ge         Name of Federal Candidate       Office Sought:       House       State:       Disbursement/Obligation f         Name of Federal Candidate       Office Sought:       House       State:       Disbursement/Obligation f         Name of Federal Candidate       Office Sought:       House       State:       Disbursement/Obligation f         Name of Federal Candidate       Office Sought:       House       State:       Disbursement/Obligation F         Name of Federal Candidate       Office Sought:       House       State:       Disbursement/Obligation F	noral	· 🔲 Primary 🕅 Genera	District:	Senate	-	<b>N</b>
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## Via E-Mail

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