

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED

2012 MAR 15 AM 9:45

FEC MAIL CENTER

1. Person Making the Disbursements/Obligations

(a) Name

Patriotic Veterans, Inc.

(b) Address (number and street) check if different than previously reported

414 N. Orleans Plaza Ste 320

(c) City, State and ZIP Code

Chicago, IL 60654

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

New
or

Amended

4. Covering Period

01 01 2012
through

03 31 2012

5. (a) Date of Public Distribution(s)

03 12 2012

(b) Communication Title

Winzinger Record

6. The filer is a(n):

(a)

Individual

(b)

Unincorporated Organization

(c)

Qualified Nonprofit Corporation (11 CFR 114.10)

(d)

Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e)

Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes No

8. Custodian of Records

(a) Name

Paul Caprio

(b) Address (number and street)

414 N Orleans Plaza ste 320

(c) City, State and ZIP Code

Chicago, IL 60654

(d) Name of Employer or Principal Place of Business

(e) Occupation

Patriotic Veterans, Inc. President

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

25,200.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Paul Caprio

SIGNATURE

D. Paul Caprio

DATE

3/14/12

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee <u>Advertising Associates</u></p> <p>Mailing Address of Payee <u>10491 FM 2451 Scarry, TX 75158</u></p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Name of Employer _____ Occupation _____ <u>Hinzinger Record Radio Ad</u></p> <p>Purpose of Disbursement (Including title(s) of communication(s)) _____</p>	<p>Date of Disbursement or Obligation <u>03 ' 12 ' 2012</u></p> <p>Amount <u>25,000.00</u></p> <p>Communication Date <u>03 ' 12 ' 2012</u></p>
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<p>Name of Federal Candidate <u>Adam Hinzinger</u></p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: <u>IL</u> District: <u>16</u></p>	<p>Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>Name of Federal Candidate _____</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: _____ District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>Name of Federal Candidate _____</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: _____ District: _____</p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>

<p>B. Full Name (Last, First, Middle Initial) of Payee <u>Steve McKenzie</u></p> <p>Mailing Address of Payee <u>1320 Morraine Dr. Woodstock, IL 60098</u></p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Name of Employer _____ Occupation _____ <u>Hinzinger Record Radio Ad production</u></p> <p>Purpose of Disbursement (Including title(s) of communication(s)) _____</p>	<p>Date of Disbursement or Obligation <u>03 ' 12 ' 2012</u></p> <p>Amount <u>200.00</u></p> <p>Communication Date <u>03 ' 12 ' 2012</u></p>
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<p>Name of Federal Candidate <u>Adam Hinzinger</u></p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: <u>IL</u> District: <u>16</u></p>	<p>Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
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SUBTOTAL of Disbursements/Obligations This Page (optional)	<u>25,200.00</u>
TOTAL This Period (last page this line number only)	<u>25,200.00</u>
(carry total from last page to Line 10)	

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

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
FED Ex *3/14/12*
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): Date of Receipt or Postmarked

JR
PREPARER
(3/2005)

3/15/12
DATE PREPARED