

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) <input type="checkbox"/> check if different than previously reported 540 N. Dearborn St. P.O. B 101239	3. FEC Identification Number C30001978
(c) City, State and ZIP Code Chicago, IL 60610	
2. Occupation and Name of Employer (for Individual Filers Only) CEO	

4. COVERED PERIOD: FROM **MM/DD/YYYY** **10/07/2020** THROUGH **MM/DD/YYYY** **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) **MM/DD/YYYY** **10/20/2020**

(b) COMMUNICATIONS TITLE **Ms. Lindsey 2**

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. B. #302**
(c) City, State and ZIP Code **Columbus, Ohio 43215** **Consultant**
(d) Name of Employer or Principal Place of Business **Paul Caprio + Assoc.** (e) Occupation

10. TOTAL DONATIONS THIS STATEMENT..... **\$ 30,000.00**

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

Daniel Paul Caprio

D.P. Caprio

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)

PAGE OF

12. Person(s) Sharing/Exercising Control

A. (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 & Assoc (e) Occupation Consultant

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 Drive

City

State

Zip

Pleasant Prairie WI 53158

Date of Receipt

10 / 07 / 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

NONPROFIT CORPORATION

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

A. Full Name (Last, First, Middle Initial) of Payee <u>Ad Associates (Dorothy Baker)</u>				Date of Disbursement or Obligation MM / DD / YYYY <u>10 / 23 / 2020</u>	
Mailing Address of Payee <u>10491 Fm 2451</u>				Amount _____ <u>30,000.00</u>	
City <u>Scorry, TX.</u> State _____ Zip Code <u>75158</u>					
Name of Employer <u>Ad Associates</u>		Occupation <u>mediaPlacement</u>		Communication Date MM / DD / YYYY <u>10 / 27 / 2020</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Radio ads - Ms Lindsey II</u>					
Name of Federal Candidate <u>Thom Tillis</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NC</u> 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 _____				Date of Disbursement or Obligation MM / DD / YYYY _____	
Mailing Address of Payee _____				Amount _____ _____	
City _____ State _____ Zip Code _____					
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).....▶			<u>30,000.00</u>
TOTAL This Period (last page this line number only).....▶ (carry total from last page to Line 11)			<u>30,000.00</u>

Via E-Mail

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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"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<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>
<i>AR</i> PREPARER	<i>10/26/20</i> DATE PREPARED

2020 RELEASE UNDER E.O. 14176