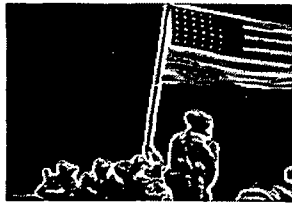


Paul Caprio
President



RECEIVED
FEC MAIL CENTER
2018 NOV 28 AM 11:05
Jim Nalepa (ret.)
Chairman

Patriotic Veterans, Inc.

To: Bradley Austin # C30001978
F.E.C.

From: Paul Caprio
Patriotic Veterans

Date: 11-26-'18

Enclosed please find
amended copies of our reports
per your letter request of Nov. 6,
2018.

Thank you.

Paul Caprio

155 West Main Street • Suite 320 • Columbus, OH 43215 • Phone: 312-670-4238

• pcaprio1@yahoo.com • www.patrioticveterans.us

2018 NOV 28 AM 11:05

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

~~FILED~~
 RECEIVED
 FEC MAIL CENTER
~~FILED~~
 2018 NOV 28 AM 11:05

1. (a) Name of Individual, Organization or Corporation
Patriotic Veterans, Inc.

(b) Address (number and street) check if different than previously reported
155 W. Main St. #302

(c) City, State and ZIP Code
Columbus, Ohio, 43215

3. FEC Identification Number
C30001978

2. Occupation and Name of Employer (for Individual Filers Only)

20181123 11:05 AM RECEIVED

4. COVERED PERIOD: FROM **10** / **29** / **2018** THROUGH **11** / **06** / **2018**

5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on / /

6. (a) DATE OF PUBLIC DISTRIBUTION(S) **11** / **26** / **2018**
 (b) COMMUNICATIONS TITLE *"PLAY BALL" Radio ad*

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: *501(c)(4)*

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 *D. Paul Caprio Assoc.* (e) Occupation *sole proprietor*

10. TOTAL DONATIONS THIS STATEMENT *Mo., Tenn., Ind.* **\$ 158,000.00**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT *all (3)* **130,000.00**

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: *D. Paul Caprio*

SIGNATURE: *D. Paul Caprio*

DATE: *10-23-18*

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 2 OF 2

12. Person(s) Sharing/Exercising Control

A. (a) Name: D. Paul Caprio
(b) Address (number and street): 155 W. Main St.
(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

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
1396 N. Waukegan Blvd

City *Lake Forest, IL* State *IL* Zip *60045*

Date of Receipt
 / /

Amount

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)

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

NON-PROFIT CORPORATION

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

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

AD ASSOCIATES

Date of Disbursement or Obligation

7 6 22 2018

Mailing Address of Payee

10491 FM 2451

Amount

130,000.00

City

Scurry TX

State

Zip Code

75158

Communication Date

7 6 29 2018

Name of Employer

Dorothy Baker, Sole prop

Occupation

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

PLAY Ball - radio ads

Name of Federal Candidate

Mike Braun

Office Sought:

- House
- Senate
- President

State:

IND

District:

Disbursement/Obligation For:

- Primary
- General
- Other (specify) ▶

Name of Federal Candidate

Office Sought:

- House
- Senate
- President

State:

District:

Disbursement/Obligation For:

- Primary
- General
- Other (specify) ▶

Name of Federal Candidate

Office Sought:

- House
- Senate
- President

State:

District:

Disbursement/Obligation For:

- Primary
- General
- Other (specify) ▶

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

Mailing Address of Payee

City

State

Zip Code

Name of Employer

Occupation

Date of Disbursement or Obligation

Amount

Communication Date

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

Name of Federal Candidate

Office Sought:

- House
- Senate
- President

State:

District:

Disbursement/Obligation For:

- Primary
- General
- Other (specify) ▶

Name of Federal Candidate

Office Sought:

- House
- Senate
- President

State:

District:

Disbursement/Obligation For:

- Primary
- General
- Other (specify) ▶

Name of Federal Candidate

Office Sought:

- House
- Senate
- President

State:

District:

Disbursement/Obligation For:

- Primary
- General
- Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional).....▶

\$ 130,000.00

TOTAL This Period (last page, this line number only).....▶

(carry total from last page to Line 11)

\$ 130,000.00

THU - 29 NOV AM
EXPRESS SAVER
20463
DC-US
IAD

FedEx 5692 6372
PK# 8133

SK PDNA



5692 6372

fedex.com 1.800.GoFedEx 1.800.

Address: 155 W. MAIN ST. # 302
COLUMBUS OHIO 43215
City: COLUMBUS State: OH ZIP: 43215
Phone: 612 670-4238

2 Your Internal Billing Reference

3 To Recipients Name: Bradley Austin
Company: FED ELECTIV COMMISSION
Address: 1050 1st St. NE
City: Washington State: DC ZIP: 20463

Address: 1050 1st St. NE
City: Washington State: DC ZIP: 20463

Address: Washington State: DC ZIP: 20463



8133 5692 6372

Extremely Urgent

Form No. 0215

2011 11 28 08:30 B 9

408

Insert shipping document here.

4 Express Package Service

Next Business Day

FedEx First Overnight
Earliest next business morning delivery to select business. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Priority Overnight
Next business morning. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Standard Overnight
Next business afternoon. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

2 or 3 Business Days

FedEx 2Day AM
Second business morning. Saturday Delivery NOT available.

FedEx 2Day
Second business afternoon. Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Express Saver
Third business day. Saturday Delivery NOT available.

5 Packaging

FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling and Delivery Signature Options

Saturday Delivery* Direct Signature Indirect Signature
No Signature Required
Does this shipment contain dangerous goods?

7 Payment Bill to:


Sender Recipient Third Party Credit Card Cash/Check
Total Packages Total Weight

fedex.com 1.800.GoFedEx 1.800.463.3339

2012 NOV 28 AM 11:05

RECEIVED
FEC MAIL CENTER

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
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FED-EX</i>	Shipping Date <i>11-26-18</i>
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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<i>11-28-18</i> DATE PREPARED

20181128 11:28:18 AM EST