

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED  
FEC MAIL CENTER  
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)

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 **MM** ' **DD** ' **YYYY**

6. (a) DATE OF PUBLIC DISTRIBUTION(S) **10** ' **26** ' **2018**

(b) COMMUNICATIONS TITLE *"No. No. No" radio ads*

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) organization*

8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT?  Yes  No

9. CUSTODIAN OF RECORDS

(a) Name *Paul Caprio President - Treasurer*

(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*

(e) Occupation *Consultant*

10. TOTAL DONATIONS THIS STATEMENT ..... **48,500**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT ..... **48,500**

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*

*Paul Caprio*

*10-19-18*

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

2018 NOV 28 AM 11:05

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

PAGE 2 OF 4

12. Person(s) Sharing/Exercising Control

A. (a) Name 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 Patriotic Veterans, 155 W Main St. C, Ohio  
(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

UNRECORDED COPY

**SCHEDULE 9-A**  
**Donation(s) Received**

**A. Full Name of Donor**  
 Richard Uihlein  
 Mailing Address of Donor  
 1396 N. Waukegan Blvd  
 City State Zip  
 Lake Forest, IL 60045

Date of Receipt  
 10 / 15 / 2018  
 Amount  
 \$ 48,500

**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) ..... ▶ \$ 48,500  
**TOTAL** This Period (last page this line number only) ..... ▶ \$ 48,500  
 (carry total from last page to Line 10)

DONATION INFORMATION

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <u>AD ASSOCIATES</u>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 22 / 2018</div>	
<b>Mailing Address of Payee</b> <u>10491 FM 2451</u>				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;">\$ 1,300,000.00</div>	
<b>City</b> <u>Scurry TX.</u>		<b>State</b> <u>TX.</u>		<b>Zip Code</b> <u>75158</u>	
<b>Name of Employer</b> <u>Dorothy Bakersole prop.</u>				<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 29 / 2018</div>	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <u>Radio ads - "No. No. No."</u>					
<b>Name of Federal Candidate</b> <u>Josh Hawley</u>		<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> <u>MO.</u> <b>District:</b> _____	
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____					
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____	
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____					
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____	
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____					
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> _____					
<b>Mailing Address of Payee</b> _____					
<b>City</b> _____		<b>State</b> _____		<b>Zip Code</b> _____	
<b>Name of Employer</b> _____				<b>Occupation</b> _____	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> _____					
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____	
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____					
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____	
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____					
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>State:</b> _____ <b>District:</b> _____	
<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____					
<b>SUBTOTAL of Disbursements/Obligations This Page (optional).....</b>				<div style="border: 1px solid black; padding: 2px;">44,280 -</div>	
<b>TOTAL This Period (last page this line number only).....</b> (carry total from last page to Line 11)				<div style="border: 1px solid black; padding: 2px;">44,280 -</div>	

UNINCORPORATED INCORPORATED

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

8133 5692 6372  
SK PDVA



5692 6372

FD 643515 2010081000  
SECURITE/PCBA  
R10 Phone 312 670-4238  
APRID & ASSOCIATES  
155 W. MAIN ST. # 302  
411 N ORLEANS ST STE 310  
Columbus Ohio 43213  
City State ZIP

2 Your Internal Billing Reference

To Recipients Name  
Bradley Austin Phone 802 694-1196

Company FEDGLECTY Commission

Address 1050 1st St. N.E.  
We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address  
Use this line for the HOLD location address or for continuation of your shipping address.

City Washington State D.C. ZIP 20463

01311000



8133 5692 6372

Extremely Urgent

Form ID No. 0215

B 4780 11:28  
6 16:30

4 Express Package Service \*To most locations.

Next Business Day

- FedEx First Overnight Delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- FedEx Priority Overnight Delivery to select locations will be delivered on Monday unless Saturday Delivery is selected.
- FedEx Standard Overnight Saturday Delivery NOT available.

2 or 3 Business Days

- FedEx 2Day AM Saturday Delivery NOT available.
- FedEx 2Day Saturday Delivery NOT available.
- FedEx Express Saver Saturday Delivery NOT available.

5 Packaging \*Declared value limit: \$500.

- FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

- Saturday Delivery NOT available for FedEx Standard Overnight, FedEx 2Day AM, or FedEx Express Saver.
  - No Signature Required obtaining a signature for delivery.
  - Direct Signature Shipper's address may apply for delivery.
  - Indirect Signature If no one is available at recipient's address, the shipping address may sign for delivery, for residential deliveries only.
- Does this shipment contain dangerous goods?  
One box must be checked.
- No  Yes, except Shipper's Declaration not required.
  - Yes, except Shipper's Declaration not required.
  - Dry Ice Dry Ice 3 UN 1845
  - Cargo Aircraft Only
- Restrictions apply for dangerous goods—see the current FedEx Service Guide.

7 Payment Bill to:

- Sender Acct. No. in Section 7 will be billed.
  - Recipient
  - Third Party
  - Credit Card
  - Cash/Check
- Obtain recip. Acct. No.
- Total Packages Total Weight lbs. Credit Card Auth.

6372

Your liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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RECEIVED  
FEC MAIL CENTER  
2018 NOV 28 AM 11:05

Insert shipping document here

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
<i>mf</i> PREPARER	<i>11-28-18</i> DATE PREPARED

11/28/2018 11:00 AM