

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

NEV.

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) <input type="checkbox"/> check if different than previously reported 155 W. Main St. #302	3. FEC Identification Number 030001978
(c) City, State and ZIP Code Columbus, Ohio 43215	
2. Occupation and Name of Employer (for Individual Filers Only)	

4. COVERED PERIOD: FROM **10/30/2018** THROUGH **11/06/2018**

5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on **11/06/2018**

6. (a) DATE OF PUBLIC DISTRIBUTION(S) **10/29/2018**
(b) COMMUNICATIONS TITLE **"BAD BETS" - 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 / 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 & Assoc.** (e) Occupation **sole proprietor**

10. TOTAL DONATIONS THIS STATEMENT..... **245.00 00** DPC

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT..... **22000.00**

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
D. Paul Caprio	D. Paul Caprio	10-29-18

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

NOV 28 11:05 AM 2018

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

12. Person(s) Sharing/Exercising Control

A. (a) Name D. Paul Caprio
(b) Address (number and street) 155 W. Main St. #302
(c) City, State and ZIP Code ~~Chicago~~ Columbus, Ohio 43215
(d) Name of Employer or Principal Place of Business PAUL CAPRIO + ASSOCIATES (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

REPRODUCTION OF THIS DOCUMENT IS PROHIBITED

SCHEDULE 9-A
Donation(s) Received

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

Date of Receipt
 10 / 28 / 2018
Amount
 \$ 15,000.00

B. Full Name of Donor
 John McEnroe
Mailing Address of Donor
 222 N. LaSalle St. #2600
City Chicago **State** IL **Zip** 60601

Date of Receipt
 10 / 28 / 2018
Amount
 \$ 2,500.00

C. Full Name of Donor
 Matthew Miller
Mailing Address of Donor
 3763 7th Rd.
City Bremen **State** Indiana **Zip** 46506

Date of Receipt
 10 / 27 / 2018
Amount
 \$ 5,000.00

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)

\$ 22,500.00

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

\$ 22,500.00

CONFIDENTIAL - NOT FOR PUBLIC RELEASE

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

A. Full Name (Last, First, Middle Initial) of Payee <u>AD ASSOCIATES</u>		Date of Disbursement or Obligation <input type="text" value="10"/> <input type="text" value="29"/> <input type="text" value="2018"/>	
Mailing Address of Payee <u>10491 Fm 2451</u>		Amount <input type="text" value="22,000.00"/>	
City <u>Scurry</u>	State <u>TX.</u>	Zip Code <u>75158</u>	Communication Date <input type="text" value="10"/> <input type="text" value="31"/> <input type="text" value="2018"/>
Name of Employer <u>Dorothy Baker</u>		Occupation <u>sole proprietor</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>RADIO ADS - "BAD BETS"</u>			
Name of Federal Candidate <u>Dean Heller</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NEV.</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 <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address of Payee _____		Amount <input type="text"/>	
City _____	State _____	Zip Code _____	Communication Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Employer _____		Occupation _____	
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) ▶

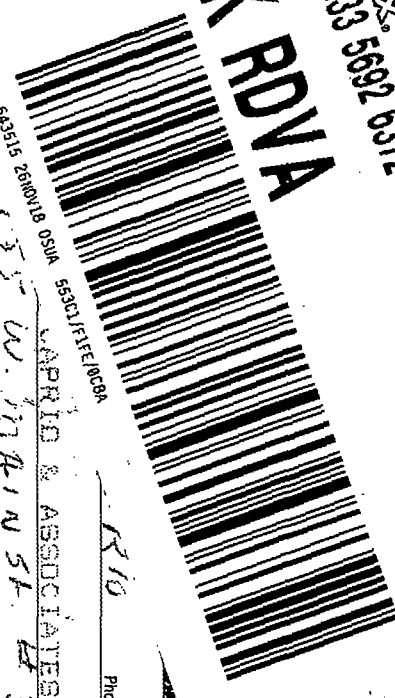
SUBTOTAL of Disbursements/Obligations This Page (optional).....▶	<input type="text" value="22,000.00"/>
TOTAL This Period (last page this line number only).....▶ (carry total from last page to Line 11)	<input type="text" value="22,000.00"/>

CONTINUED ON NEXT PAGE

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

FedEx 5692 6372
RN# 8133 5692 6372
0215

SK RNA



5692 6372

Extremely Urgent

Form ID No. 0215

B
11 20
02 11
02 11
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408

fedex.com 1.800.GoFedEx 1.800.4

F10 94355 261018 0314 5930311111008A
R10 Phone 312 670-4238
WARRIO & ASSOCIATES
35 W. MAIN ST. # 302
Address 414 N. DELAWARE ST. STE 210
City COLUMBUS State OH ZIP 43215
Dep./Floor/Room

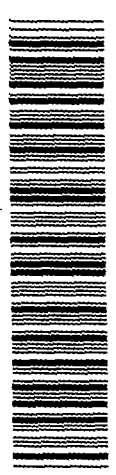
2 Your Internal Billing Reference

3 To Recipients Name Bradley Austin Phone 302 694-1196
Company FED ELECTRIC COMMISSION

Address 1050 1st St. NE
City Washington State DC ZIP 20043
Dep./Floor/Room

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

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8133 5692 6372

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 or Sunday 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. Saturday Delivery NOT available.

2 or 3 Business Days

FedEx 2D by 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

Signature Required
Signature Required
Signature Required
Signature Required

Does this shipment contain dangerous goods?
No Signature Required
Signature Required
Signature Required

Payment Bill to
Sender
Recipient
Third Party
Credit Card
Cash/Check

Total Packages
Total Weight

Sender
Recipient
Third Party
Credit Card
Cash/Check

Total Packages
Total Weight

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Insert shipping document here.

