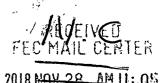
## NOTO: ----- NO - OM -- DONGOMMM

## **FEC FORM 9**

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



(a) Name of Individual, Organization or Corporation	2010 NOV 25 - NO 11-00
Tatriotic Veterans, Inc.	
(b) Address (number and street)	
155 W Main St. 4302	3. FEC Identification Number
(c) City, State and ZIP Code Columbus, Ohio 43215	C30001978
Occupation and Name of Employer (for Individual Filers Only)	<del></del>
4. COVERED PERIOD: FROM 11 07 2018 THROUGH	11 66 2018
5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on	
6. (a) DATE OF PUBLIC DISTRIBUTION(S)	,
(b) COMMUNICATIONS TITLE The FLAG" radio	od
7. THE FILER IS: (a) an Individual (b) a Corporation or Labor Organization making	
(c) an Unincorporated Organization (d) Other, specify: 5 0 1 (C)	(4) organization
8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT?	(4) organization
9. CUSTODIAN OF RECORDS	,
(a) Name  Taul 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 + Associates	To le Proprietorsi
10. TOTAL DONATIONS THIS STATEMENT	6 35,000,00
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  D. Paul Caprio  Taul Ca	apa 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.

ers	son(s) Sharing/Exercising Control	<u> </u>		
Α.	(a) Name PAVL CAPRIO			
	(b) Address (number and street) . Main St. 4362			
	(c) City, State and ZIP code bus, Ohio 43215			
·	(c) City, State and ZIP code 6 US, Ohio 43215  (d) Name of Employer or Principal Place of Business  PAUL CAPRIO + ASSOC.	(e) Occupation  Sole proprietor		
В.				
	(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) Ocupation		
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		

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CHAINGOUNTS

Α.	Full Name of Donor  Richard  Mailing Address of Donor  1396 N  City Lake Fare	Uihler 1. Waukege est 1 TL.	n an Blud 60045	Date of Receipt  15 37 2018  Amount  35000 cc
В.	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
	OTAL of Donations This Page (of This Period (last page this line (carry total from last page to be	number only)	······································	35,000,00

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

والمتراك والمراوي والتناك والمراوي والمراوي والمراوية والمراوية والمراوية والمراوية والمراوية والمراوية والمرا	بخروان والمراجع والمراجع والأكام والأناس البرون والأكاف والبروي
A. Full Name (Last, First, Middle Initial) of Payee  AD ASSOCIATES	Date of Disbursement or Obligation
Mailing Address of Payee 10491 Fm 2451	Amount 4.
City Scurry, Tx. State Zip Code 75/58	Communication Date
Name of Employer Baker Occupation  Society Baker Society Prop.	17 81 2018
Purpose of Disbursement (Including title(s) of communication(s))  RADIO ADS  The Flag	
Name of Federal Candidate  Mark Harris  Senate District: 9  President	Disbursement/Obligation For: Primary General Other (specify)
Name of Federal Candidate  Office Sought: House State:  Senate District:  President	Disbursement/Obligation For: Primary General Other (specify)
Name of Federal Candidate  Office Sought:  Senate  District:  President	Disbursement/Obligation For:  ☐ Primary ☐ General  ☐ Other (specify) ▶
B. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation
Mailing Address of Payee	Amount
City State Zip Code	Communication Date
Name of Employer Occupation	( TO TO ( TO
Purpose of Disbursement (Including title(s) of communication(s))	
Name of Federal Candidate  Office Sought:  House State:  Senate  President  District:	Disbursement/Obligation For: Primary General Other (specify)
Name of Federal Candidate  Office Sought:  House State:  Senate  President  District:	Disbursement/Obligation For:  ☐ Primary ☐ General ☐ Other (specify) ▶
Name of Federal Candidate  Office Sought:  House State:  Senate  President  District:	Disbursement/Obligation For:  ☐ Primary ☐ General  ☐ Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)	50,000,00
TOTAL This Period (last page this line number only)	730,000,00

OF

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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. Date of Receipt Hand Delivered Date of Receipt Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): FED-EX **Next Business Day Delivery** Date of Receipt 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 or Postmarked Other (Specify): 11-28-18 DATE PREPARED