

# FEC FORM 9

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

1. (a) Name of Individual, Organization or Corporation <i>Patriotic Veterans Inc.</i>		3. FEC Identification Number <b>C30001978</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>546 N. Dearborn St. POB 101239</i>		
(c) City, State and ZIP Code <i>Chicago, IL 60610</i>		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. COVERED PERIOD: FROM **MM/DD/YYYY** *10/29/2020* THROUGH **MM/DD/YYYY** *11/03/2020*

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** *10/29/2020*

(b) COMMUNICATIONS TITLE *Undecided WOMEN 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: *(c) 4 committee*

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. # 302*  
(c) City, State and ZIP Code *Chicago, IL 60610*  
(d) Name of Employer or Principal Place of Business *Paul Caprio Assoc.* (e) Occupation *sole proprietor*

10. TOTAL DONATIONS THIS STATEMENT ..... **25,000.00**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT ..... **25,000.00**

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*

*Daniel Paul Caprio* *10/29/20*

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)

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 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**

PAGE OF

**A. Full Name of Donor**

*Richard Uihlein*

Mailing Address of Donor

*12575 Uline Dr.*

City

State

Zip

*Pleasant Prairie, Wi. 53158*

Date of Receipt

*10 / 29 / 2020*

Amount

*25,000.00*

**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).....▶

*25,000.00*

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

*25,000.00*

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <i>Ad Associates - Dorothy Baker</i>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: small;">M M / D D / Y Y Y Y</span>  <span style="font-size: x-large;">10 / 29 / 2020</span> </div>	
Mailing Address of Payee <i>10491 FM 2451</i>				Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: small;">\$</span> <span style="font-size: x-large;">25,000.00</span> </div>	
City <i>Scurry TX</i>		State <i>TX</i>		Zip Code <i>75158</i>	
Name of Employer <i>Dorothy Baker - media placement</i>		Occupation <i>media placement</i>		Communication Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: small;">M M / D D / Y Y Y Y</span>  <span style="font-size: x-large;">10 / 30 / 2020</span> </div>	
Purpose of Disbursement (including title(s) of communication(s)) <i>Radio ads - Undecided Women</i>					
Name of Federal Candidate <i>Donald J. Trump</i>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		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		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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

  

<b>B. Full Name (Last, First, Middle Initial) of Payee</b>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: small;">M M / D D / Y Y Y Y</span> </div>	
Mailing Address of Payee				Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: small;">\$</span> </div>	
City		State		Zip Code	
Name of Employer		Occupation		Communication Date <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: small;">M M / D D / Y Y Y Y</span> </div>	
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		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		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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

  

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional).....▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: x-large;">25,000.00</span> </div>
<b>TOTAL</b> This Period (last page this line number only).....▶ (carry total from last page to Line 11)	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: x-large;">25,000.00</span> </div>

**Via E-Mail**

Federal Election Commission	
<b>ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS</b>	
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
Postmarked	
<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 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>10/29/20</i>
<i>RR</i>	<i>11/2/20</i>
<b>PREPARER</b>	<b>DATE PREPARED</b>