

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name Patriotic Veterans, Inc.

(b) Address (number and street) check if different than previously reported
540 W. Dearborn P.O. B 101239

(c) City, State and ZIP Code Chicago, IL 60610

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number C30001978

3. Is This Statement New or Amended

4. Covering Period 05/13/2022 through 05/17/2022

5. (a) Date of Public Distribution(s) 05/13/2022 (b) Communication Title "Big Boys"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: 501 (c) 4 tax exempt

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. 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 Paul Caprio Assoc. (e) Occupation Sole proprietor

9. Total Donations This Statement 45,000.00

10. Total Disbursements/Obligations This Statement 35,000.00

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 5-12-22

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	D. Paul Caprio	
	(b) Address (number and street)	185 W. Main St. #302	
	(c) City, State and ZIP Code	Columbus, Ohio 43215	
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	Paul Caprio Assoc		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
P.O. Box 52

City Lake Bluff **State** IL **Zip** 60044

Date of Receipt
05 / 13 / 2022

Amount
4,500.00

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) ▶ 4,500.00

TOTAL This Period (last page this line number only) ▶ 4,500.00
(carry total from last page to Line 9)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
 Dorothy Baker/Ad. Assoc.
 Mailing Address of Payee
 10491 Fm 2451
 City Scurry State TX Zip Code 75158
 Name of Employer Ad Assoc. Media Consult.
 Occupation

Date of Disbursement or Obligation
 05 / 13 / 2022
 Amount
 35,000.00
 Communication Date
 05 / 13 / 2022

Purpose of Disbursement (Including title(s) of communication(s))
Radio ads - "4 Big Boys"

Name of Federal Candidate Kathy Barne He
 Office Sought: House Senate President
 State: PA. 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) _____

35,000.00

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

35,000.00

Via E-Mail

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	Postmarked 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 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>Via email</i>	Date of Receipt or Postmarked <i>5/12/22</i>
PREPARER <i>SPW</i>	DATE PREPARED <i>6/7/22</i>

(3/2015)