

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>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>540 N. Dearborn St. P.O. B. 101239</i>	3. FEC Identification Number C30001978
(c) City, State and ZIP Code <i>Chicago, IL 60610</i>	
2. Occupation and Name of Employer, (for Individual Filers Only) <i>501 (c) 4 committee</i>	

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4. COVERED PERIOD: FROM **10** / **07** / **2020** THROUGH **10** / **13** / **2020**

5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on _____

6. (a) DATE OF PUBLIC DISTRIBUTION(S) **10** / **09** / **2020**
(b) COMMUNICATIONS TITLE *"Play Ball" 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 *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 *consultant*

10. TOTAL DONATIONS THIS STATEMENT **\$ 45,000.00**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT **\$ 45,000.00**

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
<i>Daniel Paul Caprio</i>	<i>Daniel Paul Caprio</i>	<i>10-12-20</i>

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. 530109.

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

12. Person(s) Sharing/Exercising Control

A.	(a) Name <i>Daniel Paul Caprio</i>
	(b) Address (number and street) <i>155 W. Main St. #302</i>
	(c) City, State and ZIP Code <i>Columbus, Ohio 43215</i>
	(d) Name of Employer or Principal Place of Business <i>Paul Caprio + Assoc.</i>
	(e) Occupation <i>consultant</i>
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

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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 IL Zip 60045

Date of Receipt
 MM / DD / YYYY
10 / 06 / 2020
 Amount
45,000⁰⁰
1

B. Full Name of Donor

 Mailing Address of Donor

 City _____ State _____ Zip _____

Date of Receipt
 MM / DD / YYYY
 _____ / _____ / _____
 Amount

C. Full Name of Donor

 Mailing Address of Donor

 City _____ State _____ Zip _____

Date of Receipt
 MM / DD / YYYY
 _____ / _____ / _____
 Amount

D. Full Name of Donor

 Mailing Address of Donor

 City _____ State _____ Zip _____

Date of Receipt
 MM / DD / YYYY
 _____ / _____ / _____
 Amount

E. Full Name of Donor

 Mailing Address of Donor

 City _____ State _____ Zip _____

Date of Receipt
 MM / DD / YYYY
 _____ / _____ / _____
 Amount

SUBTOTAL of Donations This Page (optional) ▶

45,000⁰⁰

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

45,000⁰⁰

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

A. Full Name (Last, First, Middle Initial) of Payee

Ad Associates (Dorothy Baker)

Mailing Address of Payee

10491 FM 2451

City

Scurry

State

TX

Zip Code

75158

Name of Employer

Ad Associates

Occupation

advertising

Purpose of Disbursement (Including title(s) of communication(s))

~~Big Hat~~ .. ~~Notable~~ - *redio ad*

Date of Disbursement or Obligation

10 / 07 / 2020

Amount

45,000.00

Communication Date

10 / 23 / 2020

Name of Federal Candidate

Office Sought:

House

State: _____

Senate

District: _____

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:

House

State: _____

Senate

District: _____

President

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

State: _____

Senate

District: _____

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:

House

State: _____

Senate

District: _____

President

Disbursement/Obligation For:

Primary

General

Other (specify) ▶ _____

SUBTOTAL of Disbursements/Obligations This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶
 (carry total from last page to Line 11)

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Via E-Mail

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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.

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<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 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): Via Email	Date of Receipt or Postmarked 10/12/2020
MDC	10/13/2020
PREPARER	DATE PREPARED