

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED
FEC MAIL CENTER

2018 OCT 29 AM 9:10

1. (a) Name of Individual, Organization or Corporation <i>Patriotic Veterans, Inc.</i>		3. FEC Identification Number C30001978
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>155 W. Main St. #302</i>		
(c) City, State and ZIP Code <i>Columbus, Ohio 43215</i>		
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 **MM / DD / YYYY**

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 **4 22,500.00** DPC

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT **6 22,000.00**

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

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.

NOTICE: THIS FORM IS NOT AN OBLIGATION

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
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

20180110 10:01:01 AM

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Richard Urhlein

Mailing Address of Donor
1396 N. Waukegan Blvd.

City *Lake Forest* State *Illinois* Zip *60045*

Date of Receipt
 M M / D D / Y Y Y Y
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
 M M / D D / Y Y Y Y
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
 M M / D D / Y Y Y Y
10 / 27 / 2018

Amount
 \$ *5,000.00*

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt
 M M / D D / Y Y Y Y

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt
 M M / D D / Y Y Y Y

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*

2018-10-20-03-00244471

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

2018-10-20 09:24:44

A. Full Name (Last, First, Middle Initial) of Payee <u>AD ASSOCIATES</u>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 29 / 2018 </div>	
Mailing Address of Payee <u>10491 Fm 2451</u>				Amount <div style="border: 1px solid black; padding: 2px;"> \$ 22,000.00 </div>	
City <u>Scurry</u>		State <u>TX.</u>	Zip Code <u>75158</u>		Communication Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 31 / 2018 </div>
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 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					
Mailing Address of Payee _____				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y / / </div>	
City _____ State _____ Zip Code _____				Amount <div style="border: 1px solid black; padding: 2px;"> \$ </div>	
Name of Employer _____ Occupation _____				Communication Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y / / </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	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).....▶				<div style="border: 1px solid black; padding: 2px;"> \$ 22,000.00 </div>	
TOTAL This Period (last page this line number only).....▶ (carry total from last page to Line 11)				<div style="border: 1px solid black; padding: 2px;"> \$ 22,000.00 </div>	

FEDEX

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WASHINGTON



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ORIGIN ID: 600A (312) 330-5391
PATRIOTIC VETERANS
PAUL CAPRIO & ASSOCIATED
155 W MAIN ST APT 302
COLUMBUS, OH 43215
UNITED STATES US

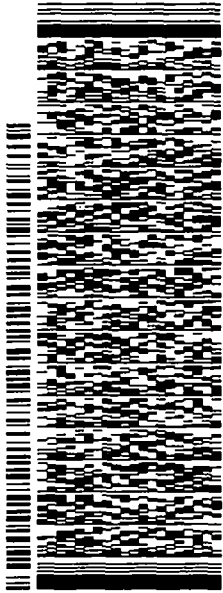
SHIP DATE: 27OCT18
ACTWGT: 0.20 LB
CAD: 6991089/SSF01922

BILL THIRD PARTY

TO **BRADLEY AUSTIN**
FEDERAL ELECTIONS COMMISSION
1050 FIRST ST IV.E

WASHINGTON DC 20463

REF: (202) 694-1188
NO: PO: DEPT:



REL# 3785346

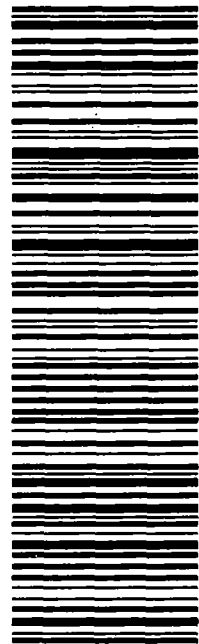
MON - 29 OCT 3:00P
STANDARD OVERNIGHT

TRK# 8133 5692 6340

XC RDVA

20463

DC-US IAD



RECEIVED
FED MAIL CENTER
2018 OCT 29 AM 9:11

6340
10.29

RT 0
FZ 0

Part # 156297-435 RAUS EXP 09/19

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	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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FED-EX</i>	Shipping Date <i>10-27-18</i>
Next Business Day Delivery	<input checked="" 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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

mf
 PREPARER
 (3/2015)

10-29-18
 DATE PREPARED

20181029030024474