

# FEC FORM 9

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

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2021 JAN -4 AM 9:34

1. (a) Name of Individual, Organization or Corporation <i>Patriotic Veterans, Inc.</i>	3. FEC Identification Number <b>C300001978</b>
(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 **12** / **20** / **2020** (26) THROUGH **01** / **05** / **2021**

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

6. (a) DATE OF PUBLIC DISTRIBUTION(S) **12** / **18** / **2020**  
(b) COMMUNICATIONS TITLE *"Normandy"*

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 committee*

8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT?  Yes  No

9. 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*

10. TOTAL DONATIONS THIS STATEMENT ..... **\$ 50,000.00**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT ..... **\$ 50,000.00**

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

*12-21-20*

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**

<b>A.</b>	(a) Name <u>D. Paul Caprio</u>	(e) Occupation <u>Sole proprietor</u>
	(b) Address (number and street) <u>155 W. Main St.</u>	
	(c) City, State and ZIP Code <u>Columbus, Ohio 43215</u>	
	(d) Name of Employer or Principal Place of Business <u>Paul Caprio + Assoc.</u>	
<b>B.</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
<b>C.</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
<b>D.</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
<b>E.</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

CONFIDENTIAL

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A.</b> Full Name of Donor  <u>Richard Uihlein</u></p> <p>Mailing Address of Donor  <u>12575 Uline Dr.</u></p> <p>City <u>Pleasant Prairie, Wis</u> State <u>Wis</u> Zip <u>53158</u></p>	<p>Date of Receipt  <input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2020"/></p> <p>Amount  <input type="text" value="50,000.00"/></p>
<p><b>B.</b> Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount  <input type="text"/></p>
<p><b>C.</b> Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount  <input type="text"/></p>
<p><b>D.</b> Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount  <input type="text"/></p>
<p><b>E.</b> Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount  <input type="text"/></p>

<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p><input type="text" value="50,000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....          (carry total from last page to Line 10)</p>	<p><input type="text" value="50,000.00"/></p>

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <u>Ad. Associates</u>		<b>Date of Disbursement or Obligation</b> <input type="text" value="12"/> <input type="text" value="18"/> <input type="text" value="2020"/>
<b>Mailing Address of Payee</b> <u>10491 Fm 2451</u>		<b>Amount</b> <input type="text" value="50,000.00"/>
<b>City</b> <u>Scurry</u>	<b>State</b> <u>TX.</u>	<b>Zip Code</b> <u>75158</u>
<b>Name of Employer</b> <u>Dorothy Baker</u>		<b>Occupation</b> <u>Media Buyer</u>
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <u>Radio Ad - Normandy</u>		
<b>Name of Federal Candidate</b> <u>Kelly Loeffler</u>	<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> <u>GA.</u> <b>District:</b> _____ <b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Run-Off</u>
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____ <b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____ <b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> _____		<b>Date of Disbursement or Obligation</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
<b>Mailing Address of Payee</b> _____		<b>Amount</b> <input type="text" value=""/>
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____
<b>Name of Employer</b> _____		<b>Occupation</b> _____
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> _____		
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____ <b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____ <b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____ <b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> .....		<input type="text" value="50,000.00"/>
<b>TOTAL This Period (last page this line number only)</b> ..... (carry total from last page to Line 11)		<input type="text" value="50,000.00"/>

**Extremely Urgent**

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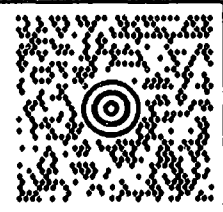
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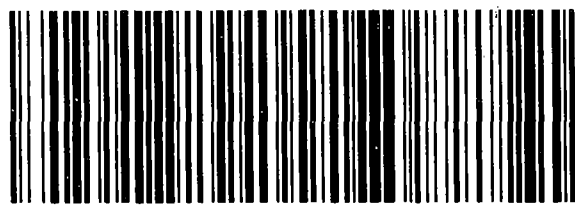
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ISH 13.00F B1M0L0N S 38.5V 11/2020

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<input type="checkbox"/> USPS First Class Mail	Date of Receipt
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<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): <span style="margin-left: 20px;"><i>UPS</i></span>	Shipping Date <i>12/22/20</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): <span style="margin-left: 20px;"><i>!</i></span>	Date of Receipt or Postmarked
<i>RJZ</i> PREPARER (3/2015)	<i>1/25/21</i> DATE PREPARED

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