



# 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

414 N Orleans Plaza Suite 320

(c) City, State and ZIP Code

Chicago, IL 60654

(d) Name of Employer or Principal Place of Business

Paul Caprio, President

(e) Occupation

CONSULTANT

2. FEC Identification Number

C

3. Is This Statement  
 New  
or  
 Amended

4. Covering Period

10 21 2014

through

11 03 2014

5. (a) Date of Public Distribution(s) 10 21 2014 (b) Communication Title Braley - Veterans

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: \_\_\_\_\_

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)

414 N Orleans Plaza Suite 320

(c) City, State and ZIP Code

Chicago, IL 60654

(d) Name of Employer or Principal Place of Business

Paul Caprio Assoc.

(e) Occupation

Consulting

9. Total Donations This Statement

41000.00

10. Total Disbursements/Obligations This Statement

30000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Paul Caprio

SIGNATURE

*D. Paul Caprio*

DATE

12-10-14

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

*Previously submitted  
10-21-14  
DPC*

FEC FORM 9 (REV. 12/2007)

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

11. Person(s) Sharing/Exercising Control

<b>A.</b>	(a) Name D Paul Caprio	(e) Occupation Consultant
	(b) Address (number and street) 414 N Orleans Plaza Suite 320	
	(c) City, State and ZIP Code Chicago, IL 60654	
	(d) Name of Employer or Principal Place of Business Paul Caprio & Associates	
<b>B.</b>	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
<b>C.</b>	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
<b>D.</b>	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
<b>E.</b>	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

ACCOUNTS | UNIT | WEB

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

PAGE 2 OF 4

<p><b>A.</b> Full Name of Donor                  Richard Uihlein</p> <p>Mailing Address of Donor                  1396 N Waukegan Rd.</p> <p>City State Zip                  Lake Forest, IL 60045</p>	<p>Date of Receipt                  09 18 2014</p> <p>Amount                  41000.00</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</p> <p>Amount</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</p> <p>Amount</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</p> <p>Amount</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</p> <p>Amount</p>

**SUBTOTAL** of Donations This Page (optional) .....

41000.00

**TOTAL** This Period (last page this line number only) .....  
 (carry total from last page to Line 9)

41000.00

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee  <b>Ad Associates</b></p> <p>Mailing Address of Payee  <b>10491 FM 2451</b></p> <p>City State Zip Code  <b>Scurry, TX 75158</b></p> <p>Name of Employer Occupation  <b>Dorothy Baker Media buyer</b></p> <p>Purpose of Disbursement (Including title(s) of communication(s))  <b>Issue advocacy (501(c)(4) - "Braley - Veterans"</b></p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>IA</u> District: _____  <input checked="" type="checkbox"/> Senate  <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ District: _____  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ District: _____  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation  M M / D D / Y Y Y Y  <b>09 / 26 / 2014</b></p> <p>Amount  <b>30000.00</b></p> <p>Communication Date  M M / D D / Y Y Y Y  <b>10 / 21 / 2014</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee</p> <p>Mailing Address of Payee</p> <p>City State Zip Code</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s))</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ District: _____  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ District: _____  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ District: _____  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation  M M / D D / Y Y Y Y</p> <p>Amount</p> <p>Communication Date  M M / D D / Y Y Y Y</p>
<p><b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶ <b>30000.00</b></p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ <b>30000.00</b>  (carry total from last page to Line 10)</p>	

LAWSON | HUNT | STRONG

