

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

Ind.
RECEIVED
FED MAIL CENTER

2018 OCT 25 AM 9:12

1. (a) Name of Individual, Organization or Corporation
Patrotic Veterans, Inc.

(b) Address (number and street) check if different than previously reported
155 W. Main St #302

(c) City, State and ZIP Code
Columbus, Ohio 43215

3. FEC Identification Number
C30001978

2. Occupation and Name of Employer (for Individual Filers Only)

NOTATION: UNINCORPORATED ORGANIZATION

4. COVERED PERIOD: FROM **10** / **29** / **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** / **26** / **2018**

(b) COMMUNICATIONS TITLE **"Play Ball" - radio ads**

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

10. TOTAL DONATIONS THIS STATEMENT **\$158,000.00**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT **130,000.00**

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 **10-23-18**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

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

PAGE OF

2

12. Person(s) Sharing/Exercising Control

A.	(a) Name <i>D. 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>sole proprietor</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

UNIONIZATION

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
 Terrence Linderman
Mailing Address of Donor
 2720 Schade West Dr.
City State Zip
 Midland Michigan 48640

Date of Receipt
 10 / 22 / 2018
Amount
 179,000.00

B. Full Name of Donor
 Richard Uihlein
Mailing Address of Donor
 1396 N. Waukegan Blvd.
City State Zip
 Lake Forest, IL 60045

Date of Receipt
 10 / 25 / 2018
Amount
 79,000.00

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)

158,000.00

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

158,000.00

2018-10-25 10:11:00 AM

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

A. Full Name (Last, First, Middle Initial) of Payee AD ASSOCIATES				Date of Disbursement or Obligation 10 / 22 / 2018	
Mailing Address of Payee 10491 FM 2451				Amount 130,000.00	
City Scurry TX		State TX		Zip Code 75158	
Name of Employer Dorothy Baker, Sole prop				Communication Date 10 / 29 / 2018	
Purpose of Disbursement (Including title(s) of communication(s)) PLAY Ball - radio ads					
Name of Federal Candidate Mike Braun		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: IND District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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				Date of Disbursement or Obligation _____ / _____ / _____	
Mailing Address of Payee _____				Amount _____	
City _____		State _____		Zip Code _____	
Name of Employer _____				Communication Date _____ / _____ / _____	
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).....				\$ 130,000.00	
TOTAL This Period (last page this line number only)..... (carry total from last page to Line 11)				\$ 130,000.00	

20181029 10:00 AM

FedEx

Express

earth smart
 FedEx carbon-neutral
 envelope shipping

Part # 156297-485 ARDUS EXP 09/19

SHIP DATE: 24OCT18
 ACTWGT: 0.30 LB
 CAD: /OFFFC1922
 DIMS: 0x0x0 IN
 BILL SENDER

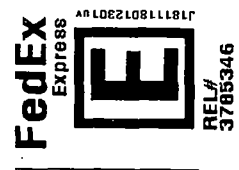
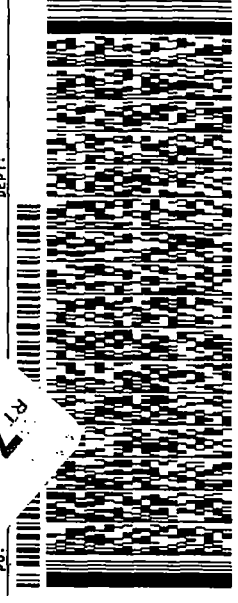
ORIGIN ID: 600A (312) 870-4238
 PAUL CAPRIO & ASSOCIATES
 APT 320
 155 W MAIN ST APT 320
 COLUMBUS, OH 432155061
 OHIO STATES US

6306
 10 25
 1500
 1

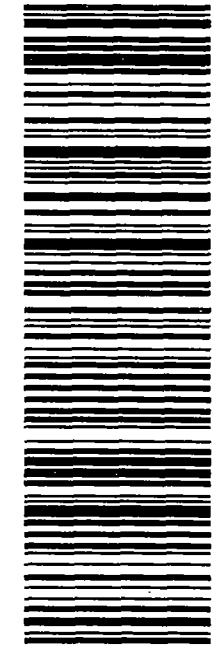
DOLEY AUSTIN
 ECTION COMMISSION
 ST NE

REF: DC 20463

RT 723



TRK# 8133 5692 6306
 0215
 THU - 25 OCT 3:00P
 STANDARD OVERNIGHT
 NSR
 20463
 DC-US IAD



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):	Shipping Date
<i>Fed Ex</i>	<i>10/24/18</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

PREPARER

MP

DATE PREPARED

10/25/18

20181025 10:00:00 AM