

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

Tenn.
RECEIVED
FEC MAIL CENTER
2018 OCT 25 AM 9:12

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>155 W. Main St. #302</i>	3. FEC Identification Number C30001978
(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** / **29** / **2018** THROUGH **11** / **06** / **2018**

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

6. (a) DATE OF PUBLIC DISTRIBUTION(S) **10** / **26** / **2018**
 (b) COMMUNICATIONS TITLE *"Gov. Phil" 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 *Columbus, Ohio 43215*
 (d) Name of Employer or Principal Place of Business *Paul Caprio Assoc.* (e) Occupation _____

10. TOTAL DONATIONS THIS STATEMENT *(Mo. Tenn., Ind.)* **\$ 158,000.00**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT *9113* **\$ 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

SIGNATURE

DATE

D. Paul Caprio

D. Paul Caprio 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.

2018-10-25 09:12 AM RECEIVED

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
(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

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 _____

2025 RELEASE UNDER E.O. 14176

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
70 / **22** / **2018**

Amount

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

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)

\$ 79,000

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

\$ 79,000.00

1-800-438-8438

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

A. Full Name (Last, First, Middle Initial) of Payee <u>AD ASSOCIATES</u>				Date of Disbursement or Obligation MM / DD / YYYY <u>10 / 22 / 2018</u>	
Mailing Address of Payee <u>10491 FM 2451</u>				Amount \$ <u>13,000.00</u>	
City <u>Scurry, Tx.</u>	State <u>Tx.</u>	Zip Code <u>75158</u>		Communication Date MM / DD / YYYY <u>10 / 29 / 2018</u>	
Name of Employer <u>Dorothy Baker soleprop.</u>				Purpose of Disbursement (Including title(s) of communication(s)) <u>"Gov. Phil." RADIO ADS</u>	
Name of Federal Candidate <u>Marsha Blackburn</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>Tenn.</u>	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____				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 MM / DD / YYYY	
Mailing Address of Payee				Amount	
City	State	Zip Code		Communication Date MM / DD / YYYY	
Name of Employer _____				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 _____				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

SUBTOTAL of Disbursements/Obligations This Page (optional).....▶	\$ <u>39,870.-</u>
TOTAL This Period (last page this line number only).....▶ (carry total from last page to Line 11)	\$ <u>39,870.-</u>

20181029 10:00 AM

FedEx

Express



FedEx carbon-neutral
envelope shipping

Align top of FedEx Express® shipping label here.

ORIGIN ID: 6909A (312) 670-4238
PAUL CABRITO & ASSOCIATES
APT 320
155 MAIN ST APT 320
DUBLIN OH 432155061
OH STATES US

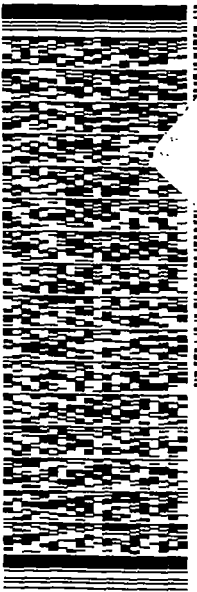
SHIP DATE: 24OCT18
ACTWT: 0.30 LB
CAD: 70FFC1922
DIMS: 0x0x0 IN
BILL SENDER

9069
10:25
00:51

DOLEY AUSTIN
ACTION COMMISSION
ST NE

DC 20463

272



REL# 3785346

TRK# 8133 5692 6306

THU - 25 OCT 3:00P
STANDARD OVERNIGHT

EP RDVA

NSR 20463
IAD DC-US



