

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

Mo.
RECEIVED
FEC MAIL CENTER

2018 OCT 25 AM 9:12

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)		

RECEIVED: MOBILE UNIT: 10-23-18

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 *"No.No.No" 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 *Columbus, Ohio 43215*
 (d) Name of Employer or Principal Place of Business *D. Paul Caprio Assoc.* (e) Occupation *sole proprietor*

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

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT *all (3)* **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.

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.	
	(c) City, State and ZIP Code	Columbus, Ohio, 43215	
	(d) Name of Employer or Principal Place of Business	(e) Occupation	Paul Caprio + Assoc. 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-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 / 27 / 2018</u>	
Mailing Address of Payee <u>10491 FM 2451</u>				Amount \$ <u>1,300,000.00</u>	
City <u>Scurry TX.</u>		State <u>TX.</u>		Zip Code <u>75158</u>	
Name of Employer <u>Dorothy Bakersole prop.</u>				Communication Date MM / DD / YYYY <u>10 / 29 / 2018</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Radio ads - "No. No. No."</u>					
Name of Federal Candidate <u>Josh Hawley</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>mo.</u> 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					
Mailing Address of Payee _____				Date of Disbursement or Obligation MM / DD / YYYY _____	
City _____				Amount _____	
State _____		Zip Code _____		Communication Date MM / DD / YYYY _____	
Name of Employer _____					
Occupation _____					
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) <u>(mo.) only</u> ▶				<u>9</u> <u>44,280 -</u>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 11)				<u>44,280 -</u>	

20180901 10:00 AM

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed EX 10/24/18* Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PREPARER *MP*

10/25/18
DATE PREPARED

20181025 10:00:00 AM