

Paul Caprio President Jim Nalepa National Chairman

Patriotic Veterans, Inc.

To: Bradley Qustin Fed. Election Commission

From: Paul Caprio President

Dafe: 10-23-2018

Rob/Bradley:

Please Find enclosed our Form 9 reports For radio advertising in Missouri, Tennessee, and Indiana. Thank you for your assistance.

Paul Capu

414 North Orleans Plaza • Suite 320 • Chicago, IL 60654 • Phone: 312-670-4238

Fax: 312-670-4240 • Email: PaulCaprio@PatrioticVeterans.org • www.PatrioticVeterans.us

2018 - 10 - 25 - 08 - 0024M607

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS



(a) Name of Individual, Organization or Corporation	2018 OCT 25 AM 9: 12
(b) Address (number and street)	
(b) Address (number and street) \Box check if different than previously reported $155W.MainSF.~\pm30z$	3. FEC Identification Number
(a) Otto Chaha and ZID Onda	
Columbus, Ohio, 43215	C3.0.0.1.978
Occupation and Name of Employer (for Individual Filers Only)	
4. COVERED PERIOD: FROM 70 27 2018 THROUGH	71 06 2078
5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on	/ 818 / 7877
6. (a) DATE OF PUBLIC DISTRIBUTION(S)	1: -10
(b) COMMUNICATIONS TITLE	idio ads
7. THE FILER IS: (a) an Individual (b) a Corporation or Labor Organization makin	
(c) ☐ an Unincorporated Organization (d) ☐ Other, specify: 501(c)(4)	4)
8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT?	□No
9. CUSTODIAN OF RECORDS	•
(a) Name D. Paul Caprio	
(b) Address (number and street) 155 W. Main 54. # 302	
(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 Lassoc.	(e) Occupation Sole propretor
10. TOTAL DONATIONS THIS STATEMENT Mo. Tenn. Lnd.	158,000,00
11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT 411 (3)	130,000
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 Carrie D. Paul	0005 10-72 1

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 ン

Pers	son(s) Sharing/Exercising Control	
A.	(a) Name D. Paul Caprio	
	(b) Address (number and street) 155 W. Main 54.	
	(c) City, State and ZIP Code bus, Ohio 43215	
	(c) City, State and ZIP Code (d) Name of Employer or Principal Place of Business Paul Captiv + Assoc.	sole proprietor
В.	(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)	7
	(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

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Α.	Full Name of Donor RIChard Mailing Address of Donor	Vihlein		Date of Receipt 20, 18
	1396 N. City La Ke For	Uihlein Woukega Test, T.C.	n Blvd 60045	Amount 579,006, 00
В.	Full Name of Donor Mailing Address of Donor City	Staie	Zip	Date of Receipt Amount
				·
!	Full Name of Donor		T	Date of Receipt
	Mailing Address of Donor			Amount
	City	State	Zip	
D.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor	,		. Amount
	City	State	Zip	
E.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			Amount
	City	State	Zip .	
SUBTO	OTAL of Donations This Page (or	otional)		79,00000
TOTAL	This Period (last page this line (carry total from last page to L		······································	79,000 00

SCHEDULE 9-E	3			
Disbursement(s)	Made	or	Obligation(s)

SCHEDULE 9-B Disbursement(s) Made or Obligation(s)	PAGE OF			
A. Full Name (Last, First, Middle Initial) of Payee AD A 550C/ATES Mailing Address of Payee	Date of Disbursement or Obligation			
Mailing Address of Payee 16491 Fm 2451 CityState Zip Code	Amount , 30,000,00			
Name of Employer Dorothy BakerSole Brop.	Communication Date			
Purpose of Disbursement (Including title(s) of communication(s)) Radio ads - Mo. No.	11			
Name of Federal Candidate Office Sought: House State: Mo, Senate District: President	Disbursement/Obligation For: Primary General Other (specify)			
Name of Federal Candidate Office Sought: House State: Senate District: President	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶			
Name of Federal Candidate Office Sought: House State: Senate District: President	Disbursement/Obligation For: Primary General Other (specify)			
B. Full Name (Last, First, Middle Initial) of Payee Mailing Address of Payee	Date of Disbursement or Obligation			
City State Zip Code	Amount			
Name of Employer Occupation	Communication Date			
Purpose of Disbursement (Including title(s) of communication(s))				
Name of Federal Candidate Office Sought: House State: Senate President District:	Disbursement/Obligation For: Primary General Other (specify)			
Name of Federal Candidate Office Sought: House State: Senate President District:	Disbursement/Obligation For: Primary General Other (specify)			
Name of Federal Candidate Office Sought: Senate District: President	Disbursement/Obligation For: Primary General Other (specify)			
SUBTOTAL of Disbursements/Obligations This Page (optional) (no.) only				
TOTAL This Period (last page this line number only)	44,280 -			

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*DLEY AUSTIN
*CTION COMMISSION
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Align top of FedEx Express® shipping label here

10-25-03-00243611

Federal Election Commi ENVELOPE REPLACEMENT PAGE FOR IN The FEC added this page to the end of this filing the second seco	NCOMING DOCUMENTS
Lland Delivered	Date of Receipt
Hand Delivered	
Postmarked USPS First Class Mail	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/1/24/18
Ne	ext Business Day Delivery
Received from House Records & Registration C	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
har	10/25/18
PREPARER / ///// (3/2015)	DATE PREPARED