

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 Ste. 320

(c) City, State and ZIP Code
Chicago IL 60654

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30001978

3. Is This Statement

New
or
 Amended

4. Covering Period

MM / DD / YYYY
01 / 01 / 2012
through
MM / DD / YYYY
03 / 31 / 2012

5. (a) Date of Public Distribution(s) MM / DD / YYYY 03 / 17 / 2012 (b) Communication Title Patriotic Veterans #3

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
Paul Caprio

(b) Address (number and street)
414 N Orleans Plaza Ste 320

(c) City, State and ZIP Code
Chicago IL 60654

(d) Name of Employer or Principal Place of Business (e) Occupation
Patriotic Veterans, Inc. President

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,15000.00

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 *Paul Caprio*

[Electronically Filed] DATE 03/16/2012

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