

Paul Caprio
President

RECEIVED
FEC MAIL CENTER
2018 OCT 31 AM 10:10
Jim Najera
National Chairman

Patriotic Veterans, Inc.

To: Bradley Austin

From: Paul Caprio

Date: Oct. 30, 2018

Please file as required.

Thank you.

PC

NON-PROFIT ORGANIZATION

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED
FEC MAIL CENTER

2018 OCT 31 AM 10:10

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) <i>—</i>		

4. COVERED PERIOD: FROM **11 / 01 / 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 / 31 / 2018**
(b) COMMUNICATIONS TITLE *"The FLAG" radio ad*

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) organization*

8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT? Yes No

9. CUSTODIAN OF RECORDS
(a) Name *Paul Caprio*
(b) Address (number and street) *155 W. main St. #302*
(c) City, State and ZIP Code *Chicago Columbus, Ohio 43215*
(d) Name of Employer or Principal Place of Business *Paul Caprio + Associates* (e) Occupation

10. TOTAL DONATIONS THIS STATEMENT **\$ 35,000.00**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT **\$ 30,000.00**

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

Paul Caprio

DATE

10-29-18

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

UNIVERSITY MICROFILMS INTERNATIONAL

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

12. Person(s) Sharing/Exercising Control

A.	(a) Name 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 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

20180101 10:00:00 AM

SCHEDULE 9-A
Donation(s) Received

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

Date of Receipt
 10 / 31 / 2018
 Amount
 \$ 35,000.00

B. Full Name of Donor

 Mailing Address of Donor

 City _____ State _____ Zip _____

Date of Receipt
~~10 / 31~~ / _____ / _____
 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) ▶ \$ 35,000.00

TOTAL This Period (last page this line number only) ▶ \$ 35,000.00
 (carry total from last page to Line 10)

UNIVERSITY OF ILLINOIS

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 <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 31 / 2018</div>
Mailing Address of Payee <u>10491 FM 2451</u>	Amount <div style="border: 1px solid black; padding: 2px;">\$ 30,000.00</div>
City <u>Scurry, Tx.</u> State Zip Code <u>75158</u>	Communication Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 01 / 2018</div>
Name of Employer <u>Dorothy Baker</u> Occupation <u>SOLE PROP.</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>RADIO ADS "The Flag"</u>	

Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State: <u>N.C</u>	Disbursement/Obligation For:
<u>Mark Harris</u>		<input type="checkbox"/> Senate	District: <u>9</u>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State:	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State:	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee Mailing Address of Payee City State Zip Code Name of Employer Occupation Purpose of Disbursement (Including title(s) of communication(s)) 	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> Amount <div style="border: 1px solid black; padding: 2px;">\$</div> Communication Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional).....▶	\$ 30,000.00
TOTAL This Period (last page this line number only).....▶ (carry total from last page to Line 11)	\$ 30,000.00

2018-11-01 10:11:01 AM

WED - 31 OCT AA
STANDARD OVERNIGHT

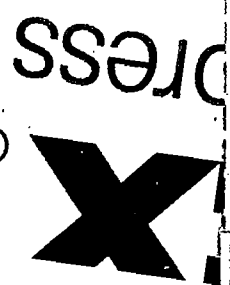
FedEx
 8133 5692 6567
EP RDVA

20463
 DC-US
 IAD



FID 920821 300CT18 OSUA 553C1/38E7/0C8A

0 ZF
 0 RTD



FedEx
 Express
 Package
 US Airbill

FedEx
 Tracking
 Number
 8133 5692 6567

1 From Date 10-29-18

Sender's Name PAUL CAPRIO Phone 312 670-4229

Company PATRIOTIC VETERANS

Address 155 W. MICHIGAN ST. # 302

City COLUMBUS State OHIO ZIP 43215

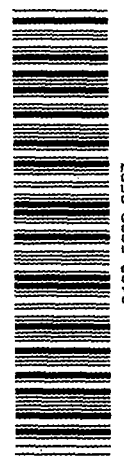
2 Your Internal Billing Reference

3 To Recipients Name Bradley Gustin Phone 202674-1197

Company Fed Election Commission

Address 1050 1st St. N.E.

City Washington D.C. ZIP 20463



8133-5692-6567

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Insert shipping document here

Next Business Day

- FedEx First Overnight**
 Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday delivery is selected.
- FedEx Priority Overnight**
 Next business morning. Friday shipments will be delivered on Monday unless Saturday delivery is selected.
- FedEx Standard Overnight**
 Next business afternoon. Saturday delivery NOT available.
- FedEx 2Day ALV**
 Second business morning. Saturday delivery NOT available.
- FedEx 2Day**
 Second business afternoon. Thursday shipments will be delivered on Monday unless Saturday delivery is selected.
- FedEx Express Saver**
 Third business day. Saturday delivery NOT available.

- 5 Packaging *Declared value limit \$500.
- FedEx Envelope
 - FedEx Pak
 - FedEx Box
 - FedEx Tube
 - Other

Special Handling and Delivery Signature Options

- Saturday Delivery**
 NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
- No Signature Required**
 Package may be left without obtaining a signature for delivery.
- Direct Signature**
 Someone at recipient's address may sign for delivery.
- Indirect Signature**
 Use one of the following address, someone at a neighboring address may sign for delivery. For residential deliveries only.
- Does this shipment contain dangerous goods?**
 One box must be checked.
 No Yes
 Shipper's Declaration required.
 Day (see IATA 185) Cargo Aircraft Only

7 Payment Bill to:

Sender's Account Recipient Third Party Credit Card Cash/Check

Total Packages Total Weight lbs.

Obtain receipt. Act. No.



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2018 OCT 31 11:01 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.		
<input type="checkbox"/> Hand Delivered		Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked	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): <i>Fed Ex</i>		Shipping Date <i>10/30/18</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
<i>ES</i>		<i>10/31/18</i>
PREPARER		DATE PREPARED