

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

540 N. Dearborn POB 101239

FEC Identification Number

(c) City, State and ZIP Code

Chicago, IL 60610

C30001978

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

New

or

Amended

4. Covering Period

11 / 29 / 2022

through

12 / 05 / 2022

5. (a) Date of Public Distribution(s)

11 / 28 / 2022

(b) Communication Title

my Bible

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:

501 (c) 4 committee

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

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

(e) Occupation

Paul Caprio Assoc. Sole Proprietor

9. Total Donations This Statement

942,000.00

10. Total Disbursements/Obligations This Statement

642,000.00

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

D. Paul Caprio

DATE

11-28-2022

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

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

PAGE **2** OF

11. Person(s) Sharing/Exercising Control

| | | | | |
|-----------|---|------------------------------------|--|--|
| A. | (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 | (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 | | |

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

Restoration Pac

Mailing Address of Donor

1901 Butterfield Rd. # 120

City

State

Zip

Downers Grove, IL 60515

Date of Receipt

11 / 28 / 2022

Amount

\$ 4,200.00

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)

\$ 4,200.00

TOTAL This Period (last page this line number only)
(carry total from last page to Line 9)

\$ 4,200.00

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF

| | | | |
|---|--|---|---|
| A. Full Name (Last, First, Middle Initial) of Payee Ad Associates, Dorothy Baker | | Date of Disbursement or Obligation 11 28 2022 | |
| Mailing Address of Payee 10491 FM 2451 | | Amount 42,000.00 | |
| City Scurry, TX | State TX | Zip Code 75158 | Communication Date 11 29 2022 |
| Name of Employer Dorothy Baker | | Occupation Media buyer | |
| Purpose of Disbursement (Including title(s) of communication(s)) RADIO AD - "my 13,6le" | | | |
| Name of Federal Candidate Hershell Walker | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: GA. District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Run-off |
| Name of Federal Candidate | Office Sought: | State: District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| Name of Federal Candidate | Office Sought: | 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 | | Date of Disbursement or Obligation | |
| Mailing Address of Payee | | Amount | |
| City | State | Zip Code | Communication Date |
| Name of Employer | | Occupation | |
| Purpose of Disbursement (Including title(s) of communication(s)) | | | |
| Name of Federal Candidate | Office Sought: | State: District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| Name of Federal Candidate | Office Sought: | State: District: _____ | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| Name of Federal Candidate | Office Sought: | 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) | 42,000.00 |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | 42,000.00 |

Via E-Mail

| 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 type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery | <input 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 checked="" type="checkbox"/> Other (Specify): <i>VIA E-MAIL</i> | Date of Receipt or Postmarked <i>11/28/22</i> |
| <i>WDO</i> PREPARER | <i>11/28/22</i> DATE PREPARED |