

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

F.1

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 St. P.O. B 101239

(c) City, State and ZIP Code Chicago, IL 60610

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30001978

3. Is This Statement

New or Amended

4. Covering Period

03 / 16 / 2022 through 03 / 22 / 2022

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

03 / 16 / 2022

(b) Communication Title

"Talk is Cheap"

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) - tax exempt

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

\$ 150,000.00

10. Total Disbursements/Obligations This Statement

\$ 65,000.00

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

3-17-2022

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)

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 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 _____

2
0
2
2
0
3
1
7
0
3
0
0
3
2
0
6
6
4

SCHEDULE 9-A
Donation(s) Received

2
0
2
2
0
3
1
7
0
3
0
0
3
2
0
6
6
5

A. Full Name of Donor
Richard Uihlein
 Mailing Address of Donor
12575 Uline Dr.
 City State Zip
Pleasant Prairie, WI. 53158

Date of Receipt
 03 / 10 / 2022
 Amount
 \$ 150,000.00

B. Full Name of Donor
 Mailing Address of Donor
 City State Zip

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount

C. Full Name of Donor
 Mailing Address of Donor
 City State Zip

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount

D. Full Name of Donor
 Mailing Address of Donor
 City State Zip

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount

E. Full Name of Donor
 Mailing Address of Donor
 City State Zip

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount

SUBTOTAL of Donations This Page (optional) ▶

\$ 150,000.00

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

150,000.00

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Advertising Associates			Date of Disbursement or Obligation MM / DD / YYYY 03 / 14 / 2022		
Mailing Address of Payee 10491 Fm 2451			Amount \$ 65,000.00		
City State Zip Code Scurry, Texas 75158					
Name of Employer Occupation Dorothy Baker, media consultant			Communication Date MM / DD / YYYY 03 / 16 / 2022		
Purpose of Disbursement (Including title(s) of communication(s)) Purchase of radio ads - "Talk is Cheap"					
Name of Federal Candidate Josh Mandel		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: Ohio District: _____		Disbursement/Obligation For: <input checked="" 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) _____	

B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation MM / DD / YYYY		
Mailing Address of Payee			Amount \$ _____		
City State Zip Code					
Name of Employer Occupation			Communication Date MM / DD / YYYY		
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) ▶	\$ 65,000.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	\$ 65,000.00

2
0
2
2
0
3
1
7
0
3
0
0
3
2
0
6
6
6

Via E-Mail

2
0
2
2
0
3
1
7
0
3
0
0
3
2
0
6
6
7

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.

2
0
2
2
0
3
1
7
0
3
0
0
3
2
0
6
6
8

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	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): Via Email	Date of Receipt or Postmarked 03/17/2022
MDC	03/17/2022
PREPARER	DATE PREPARED