

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation <b>Patriotic Veterans, Inc.</b>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>540 N. Dearborn P.O. 13 101239</b>	3. FEC Identification Number <b>CB6601978</b>
(c) City, State and ZIP Code <b>Chicago, IL 60610</b>	
2. Occupation and Name of Employer (for Individual Filers Only)	

4. COVERED PERIOD: FROM **03** ' **12** ' **2024** THROUGH **03** ' **19** ' **2024**

5. IS THIS REPORT AN AMENDMENT?  No  Yes, it amends the report filed on **NEW** / **DED** / **RETRY**

6. (a) DATE OF PUBLIC DISTRIBUTION(S) **03** ' **12** ' **2024**  
 (b) COMMUNICATIONS TITLE **"Questions" - 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 committee**

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

9. CUSTODIAN OF RECORDS  
 (a) Name **Daniel 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 **Owner - consulting**

10. TOTAL DONATIONS THIS STATEMENT ..... **(PFC) \$75,000.00**  
~~170,000.00~~

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT ..... **63,000**

Under penalty of perjury I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
<b>Daniel Paul Caprio</b>	<b>Daniel Paul Caprio</b>	<b>3-12-24</b>

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

**SCHEDULE 9-A**  
**Donation(s) Received**

**A. Full Name of Donor**

*Restoration Pac*

Mailing Address of Donor

*1901 Butterfield Rd. #12*

City

State

Zip

*Downers Grove IL 60515*

Date of Receipt

*03 / 12 / 2024*

Amount

*75,000.00*

**B. Full Name of Donor**

Mailing Address of Donor

City

State

Zip

Date of Receipt

[Empty date boxes]

Amount

[Empty amount box]

**C. Full Name of Donor**

Mailing Address of Donor

City

State

Zip

Date of Receipt

[Empty date boxes]

Amount

[Empty amount box]

**D. Full Name of Donor**

Mailing Address of Donor

City

State

Zip

Date of Receipt

[Empty date boxes]

Amount

[Empty amount box]

**E. Full Name of Donor**

Mailing Address of Donor

City

State

Zip

Date of Receipt

[Empty date boxes]

Amount

[Empty amount box]

**SUBTOTAL** of Donations This Page (optional) .....

*75,000.00*

**TOTAL** This Period (last page this line number only) .....  
(carry total from last page to Line 10)

*75,000.00*

**SCHEDULE 9-B**  
**Disbursement(s) Made or Obligation(s)**

A. Full Name (Last, First, Middle Initial) of Payee <b>Ad Associates</b>				Date of Disbursement or Obligation <b>03 / 12 / 2024</b>	
Mailing Address of Payee <b>10491 FM 2451</b>				Amount <b>63,000.00</b>	
City <b>Scurry</b>	State <b>TX.</b>	Zip Code <b>75158</b>	Communication Date <b>03 / 18 / 2024</b>		
Name of Employer <b>Dorothy Baker</b>		Occupation <b>owner-media</b>		Purpose of Disbursement (Including title(s) of communication(s)) <b>Radio ads "Questions"</b>	
Name of Federal Candidate <b>Frank La Rose</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>Ohio</b>	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	
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: <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) ▶	

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional).....▶	<b>63,000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶ (carry total from last page to Line 11)	<b>63,000.00</b>

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

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12. Person(s) Sharing/Exercising Control

A. (a) Name Daniel 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 consulting

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 \_\_\_\_\_

**Via E-Mail**

Federal Election Commission		
<b>ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS</b>		
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		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	Date of Receipt
	Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received via FAX		Date of Receipt
<input checked="" type="checkbox"/> Received via Email		Date of Receipt 03/12/24
<input type="checkbox"/> Received from Electronic Filing Office		Date of Receipt
<input type="checkbox"/> Other (Specify):		Date of Receipt or Postmarked
JAM		03/13/24
PREPARER		DATE PREPARED
(4/2023)		