

P.1

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 St. POB 101239
 (c) City, State and ZIP Code
Chicago, Ill. 60610
 (d) Name of Employer or Principal Place of Business

2. FEC Identification Number

C 30001978

3. Is This Statement

New
 or
 Amended

4. Covering Period

MM ' DD ' YYYY
 04 ' 19 ' 2022
 through
 MM ' DD ' YYYY
 04 ' 25 ' 2022

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

MM ' DD ' YYYY
 04 ' 19 ' 2022

(b) Communication Title

"Quiz Show"

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: (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 Sole Proprietor

9. Total Donations This Statement

\$ 110,000.00

10. Total Disbursements/Obligations This Statement

\$ 45,000.00

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

4-18-22

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
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SCHEDULE 9-A
Donation(s) Received

2
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4
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2
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7
3
9

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

Date of Receipt
 MM / DD / YYYY
04 / 15 / 2022
 Amount
\$ 1,300,000.00

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

Date of Receipt
 MM / DD / YYYY
 Amount

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

Date of Receipt
 MM / DD / YYYY
 Amount

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

Date of Receipt
 MM / DD / YYYY
 Amount

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

Date of Receipt
 MM / DD / YYYY
 Amount

SUBTOTAL of Donations This Page (optional)

\$ 1,300,000.00

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

1,300,000.00

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
06 / 15 / 2022

Mailing Address of Payee
10491 Elm 2451

Amount
 Amount: 45,000.00

City Scurry, Texas **State** Texas **Zip Code** 75158

Name of Employer Dorothy Baker, media consultant **Occupation** media consultant

Communication Date
 MM / DD / YYYY
04 / 19 / 2022

Purpose of Disbursement (Including title(s) of communication(s))
purchase of radio ads "Quiz Show"

Name of Federal Candidate <u>Josh Mandel</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>ohio</u> 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
 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) ▶ 45,000.00

TOTAL This Period (last page this line number only) ▶ 45,000.00
 (carry total from last page to Line 10)

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Via E-Mail

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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.

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<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 04/18/2022
MDC	04/19/2022
PREPARER	DATE PREPARED