

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 W Dearborn St. POB 101239

(c) City, State and ZIP Code

Chicago, IL 60610

2. FEC Identification Number

C30001978

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

New

or

Amended

4. Covering Period

70 / 24 / 2022

through

10 / 30 / 2022

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

70 / 24 / 2022

(b) Communication Title

Ms Lindsey

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

71,000.00

10. Total Disbursements/Obligations This Statement

71,000.00

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

DP Caprio

DATE

10-23-24

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 <u>D Paul Caprio</u>
	(b) Address (number and street) <u>155 W Main St. 302</u>
	(c) City, State and ZIP Code <u>Columbus, Ohio 43215</u>
	(d) Name of Employer or Principal Place of Business <u>Paul Caprio + Assoc</u>
	(e) Occupation <u>Sole Proprietor</u>
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 SUITE

City State Zip
Downers Grove, IL 60515

Date of Receipt
 7E / 14 / 2022

Amount
 71,000.00

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)

\$ 71,000.00

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

71,000.00

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Ad. Associates / Dorothy Baker				Date of Disbursement or Obligation 10 / 14 / 2022	
Mailing Address of Payee 10491 FM 2451				Amount 71,000.00	
City Scurry, TX	State	Zip Code 75158	Communication Date 10 / 24 / 2022		
Name of Employer Dorothy Baker media consultant		Occupation media consultant			
Purpose of Disbursement (Including title(s) of communication(s)) RADIO ADS - ms Lindsey					
Name of Federal Candidate Ted Budd	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: ---	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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) ▶		
SUBTOTAL of Disbursements/Obligations This Page (optional)				71,000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				71,000.00	

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>Email</i>	Date of Receipt or Postmarked <i>10/23/22</i>
<i>PTZ</i> PREPARER	<i>10/24/22</i> DATE PREPARED

(3/2015)