

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 P.O. Box 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 11 / 22 / 2022 through 11 / 27 / 2022

5. (a) Date of Public Distribution(s) 11 / 22 / 2022 (b) Communication Title Normandy

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, OH 43215

(d) Name of Employer or Principal Place of Business Paul Caprio & Associates (e) Occupation Sole Proprietor

9. Total Donations This Statement 5800000

10. Total Disbursements/Obligations This Statement 5800010

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 4/21/22

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)

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

1961 Bulterfield Rd #120

City

State

Zip

Downers Grove IL 60515

Date of Receipt

11 / 21 / 2022

Amount

5800000

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)

5800000

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

5800000

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <i>Ad Associates</i>		Date of Disbursement or Obligation 11 / 22 / 2022
Mailing Address of Payee 10491 FM 2451		Amount 58000.00
City <i>Scurry</i>	State <i>TX</i>	Zip Code <i>75158</i>
Name of Employer <i>Dorothy Baker Media Consultant</i>	Occupation <i>Media Consultant</i>	Communication Date 11 / 22 / 2022
Purpose of Disbursement (Including title(s) of communication(s)) <i>Radio Ads "Normandy"</i>		
Name of Federal Candidate <i>Hershel Walker</i>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>GA</i> District: _____
		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <i>RUN OFF</i>
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
Name of Employer	Occupation	Communication Date
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)	58000.00
TOTAL This Period (last page this line number only)	58000.00
(carry total from last page to Line 10)	