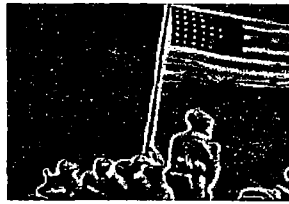


Paul Caprio  
President



RECEIVED

2014 OCT 27 AM 9:31

Col. Charles

Thomann,  
U.S. Army, (Ret.)

# Patriotic Veterans, Inc.

FEDERAL MAIL CENTER

TO: F.E.C. Compliance

FROM: Paul Caprio, President  
Patriotic Veterans, Inc.

DATE: October 21, 2014

RE: Filing Form 9 – 501(c)4 Committee

Attached please find a completed copy of a FEC Form 9 for a radio communication which began today in the State of Iowa.

Please contact me if you have further questions.

Sincerely,

Paul Caprio  
President  
Pcaprio1@yahoo.com

414 North Orleans Plaza • Suite 320 • Chicago, IL 60654 • Phone: 312-670-4238

Fax: 312-670-4240 • Email: [PaulCaprio@PatrioticVeterans.org](mailto:PaulCaprio@PatrioticVeterans.org) • [www.PatrioticVeterans.us](http://www.PatrioticVeterans.us)

FROM: ANN COON

OCT. 22 FILE

# FEC FORM 9

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

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FEC MAIL CENTER

### 1. Person Making the Disbursements/Obligations

(a) Name Patriotic Veterans, Inc (C-4)

(b) Address (number and street)  check if different than previously reported  
414 N. Orleans Plaza, Suite 320

(c) City, State and ZIP Code  
Chicago, ILL. 60654

(d) Name of Employer or Principal Place of Business  
Paul Caprio, President

(e) Occupation  
Consultant

### 2. FEC Identification Number

C

### 3. Is This Statement

New  
or  
 Amended

### 4. Covering Period

1 / 1 / 2014  
through  
69 / 27 / 2014

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

MM / DD / YYYY

### (b) Communication Title

### 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: \_\_\_\_\_

### 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)  
414 N. Orleans Plaza, Suite 320

(c) City, State and ZIP Code  
Chicago, ILL. 60654

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 9. Total Donations This Statement

\$ 41,000.00

### 10. Total Disbursements/Obligations This Statement

\$ 30,000.00  
~~\$ 25,000.00~~ PC

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

10-20-2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

2014 OCT 27 AM 9:31



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

14300 4MM 00040

**A. Full Name of Donor**  
*Richard Uihlein*

Mailing Address of Donor  
*1396 N. Waukegan Rd*

City State Zip  
*Lake Forest IL 60045*

Date of Receipt  
 /  /

Amount

**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) .....

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

**A.** Full Name (Last, First, Middle Initial) of Payee  
AD ASSOCIATES

Mailing Address of Payee  
~~1596 W.~~ 10491 FM 2451

City Scurry State TX. Zip Code 75158

Name of Employer Dorothy Baker Occupation media buyer

Purpose of Disbursement (Including title(s) of communication(s))  
ISSUE ADVOCACY (C-4)

Date of Disbursement or Obligation  
09 / 18 / 2014

Amount  
\$ 30,000.00

Communication Date  
09 / 26 / 2014

Name of Federal Candidate Bruce Braley Office Sought:  House  Senate  President State: IOWA District: \_\_\_\_\_

Disbursement/Obligation For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

**B.** Full Name (Last, First, Middle Initial) of Payee  
Dorothy Baker (please see above)

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Purpose of Disbursement (Including title(s) of communication(s))

Date of Disbursement or Obligation

Amount

Communication Date

Name of Federal Candidate Office Sought:  House  Senate  President State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement/Obligation For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

SUBTOTAL of Disbursements/Obligations This Page (optional) ..... ▶ \$ 30,000

TOTAL This Period (last page this line number only) ..... ▶ \$ 30,000  
(carry total from last page to Line 10)

11000141001

ND000 | UNHF | UNOH

Patriotic Veterans, Inc.

414 North Orleans Plaza · Suite 320 · Chicago, IL 60654

CAROL STREAM

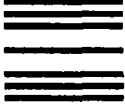
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22 OCT '14

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FEC MAIL CENTER

Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463

