

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 #08101231

(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 / 07 / 2022
through
11 / 07 / 2022

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

11 / 07 / 2022

(b) Communication Title

Cash Bail

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

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

\$57,500.00

10. Total Disbursements/Obligations This Statement

\$57,500.00

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

10-30-22

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)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	D Paul Caprio		
	(b) Address (number and street)	155 W. Main #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
 1901 Butlerfield Rd 1^{1/2}
City State Zip
 Downers Grove, IL 60515

Date of Receipt
 10 / 14 / 2022
Amount
 \$ 57,500.00

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) ▶ 57,500.00

TOTAL This Period (last page this line number only) ▶ 57,500.00
 (carry total from last page to Line 9)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF

A. Full Name (Last, First, Middle Initial) of Payee Ad Assoc. / Dorothy Baker		Date of Disbursement or Obligation 10 / 29 / 2022	
Mailing Address of Payee 10491 FM 2451		Amount 29	
City Scurry	State TX	Zip Code 75158	Communication Date 11 / 01 / 2022
Name of Employer Dorothy Baker, Media Consult.		Occupation Media Consult.	
Purpose of Disbursement (Including title(s) of communication(s)) RADIO ADS. - CASH BAIL			
Name of Federal Candidate Ron Johnson	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI	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: _____	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: _____	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: _____	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: _____	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: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		57500.00	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		57500.00	

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):	Date of Receipt or Postmarked
VIA Email	10/31/22
WJD PREPARER	10/31/22 DATE PREPARED

(3/2015)