

# 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. #13 101259

(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 / 01 / 2022  
through  
11 / 07 / 2022

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

10 / 30 / 2022

(b) Communication Title Mr. Loy

### 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

40,000.00

### 10. Total Disbursements/Obligations This Statement

40,000.00

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

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)

PAGE 2 OF

**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(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>B.</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
<b>C.</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
<b>D.</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
<b>E.</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

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

PAGE 3 OF

A. Full Name of Donor

Restoration PAC  
Mailing Address of Donor  
1901 Butterfield Rd. #120  
City Downers Grove IL State IL Zip 60515

Date of Receipt

10 / 14 / 2022

Amount

46,000.00

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) .....

46,000.00

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

46,000.00

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 7 OF

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Ad Associates Dorothy Baker		<b>Date of Disbursement or Obligation</b> 10 / 30 / 2022	
<b>Mailing Address of Payee</b> 10491 FM 2451		<b>Amount</b> 40,000	
<b>City</b> Scurry, TX	<b>State</b> TX	<b>Zip Code</b> 75158	<b>Communication Date</b> 11 / 01 / 2022
<b>Name of Employer</b> Dorothy Baker MEDIA CONSULT		<b>Occupation</b> M. L. O. U	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> RADIO ADS			
<b>Name of Federal Candidate</b> Dr. Mehmet Oz	<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> PA <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> _____		<b>Date of Disbursement or Obligation</b> _____ / _____ / _____	
<b>Mailing Address of Payee</b> _____		<b>Amount</b> _____	
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____	<b>Communication Date</b> _____ / _____ / _____
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> _____			
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ..... ▶		\$ 40,000	
<b>TOTAL This Period (last page this line number only)</b> ..... ▶ (carry total from last page to Line 10)		\$ 40,000	

**Via E-Mail**

Federal Election Commission	
<b>ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS</b>	
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
WDD	10/31/22
PREPARER	DATE PREPARED
(3/2015)	