

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. B 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 / 01 / 2022

through

11 / 01 / 2022

5. (a) Date of Public Distribution(s) 10 / 29 / 2022

(b) Communication Title Unborn

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

12,362.00

10. Total Disbursements/Obligations This Statement

12,362.00

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 <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

PAGE 3 OF

A. Full Name of Donor

Restoration Pac

Mailing Address of Donor

1901 Butterfield Rd[#] 120

City State Zip

Downers Grove, IL 60515

Date of Receipt

10 / 14 / 2022

Amount

12,362.00

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)

9 12,362.00

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

12,362.00

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF

A. Full Name (Last, First, Middle Initial) of Payee Salem Inc. Media Group		Date of Disbursement or Obligation 10 / 26 / 2020	
Mailing Address of Payee WI-LL / WNT P 117 Ridge Pike		Amount 12,362.00	
City Lafayette Hill, Pa	State Pa	Zip Code 19444	Communication Date 11 / 01 / 2022
Name of Employer Salem, Inc.	Occupation Carol Healey		
Purpose of Disbursement (Including title(s) of communication(s)) Purchase of radio ads - Unborn, Mr Lou			
Name of Federal Candidate Dr Mehmet Oz	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA 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)		12,362.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		12,362.00	

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
WDP PREPARER	10/31/22 DATE PREPARED