

# FEC FORM 9

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

RECEIVED

2012 MAR 19 AM 10:47

FEC MAIL CENTER

### 1. Person Making the Disbursements/Obligations

(a) Name  
**Patriotic Veterans, Inc.**

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

(c) City, State and ZIP Code  
**Chicago, IL 60654**

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

**C**

### 3. Is This Statement

New  
or  
 Amended

### 4. Covering Period

**01** / **01** / **2012**  
through  
**03** / **31** / **2012**

5. (a) Date of Public Distribution(s) **03 / 17 / 2012** (b) Communication Title **Patriotic Veterans #3**

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  
**Paul Caprio**

(b) Address (number and street)  
**414 N Orleans Plaza Ste 320**

(c) City, State and ZIP Code  
**Chicago, IL 60654**

(d) Name of Employer or Principal Place of Business  
**Patriotic Veterans, Inc.**

(e) Occupation  
**President**

### 9. Total Donations This Statement

### 10. Total Disbursements/Obligations This Statement

**, 15,000.00**

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

**Paul Caprio**

SIGNATURE **P. Paul Caprio** DATE **3/16/12**

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

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Advertising Associates		<b>Date of Disbursement or Obligation</b> 03 / 16 / 2012
Mailing Address of Payee 10491 FM 2451 Scurry, TX 75158		<b>Amount</b> 15,000.00
City State Zip Code	Name of Employer Patriotic Veterans #3 Radio Ad.	<b>Communication Date</b> 03 / 17 / 2012
Occupation Radio Ad.		Purpose of Disbursement (Including title(s) of communication(s)) Adam Kinzinger
Name of Federal Candidate Adam Kinzinger	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input checked="" 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	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	Disbursement/Obligation For: <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>
Mailing Address of Payee		<b>Amount</b>
City State Zip Code	Name of Employer Occupation	<b>Communication Date</b>
Purpose of Disbursement (Including title(s) of communication(s))		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	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	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	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶	15,000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)	15,000.00

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
*Fed Ex* *3/16/12*  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*JB* *3/19/12*  
PREPARER DATE PREPARED