

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation <i>Patriotic Veterans Inc</i>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>540 N. Dearborn P.O. B 101239</i>	3. FEC Identification Number 030001978
(c) City, State and ZIP Code <i>Chicago, IL 60610</i>	
2. Occupation and Name of Employer (for Individual Filers Only)	

4. COVERED PERIOD: FROM **02** ' **21** ' **2024** THROUGH **03** ' **02** ' **2024**

5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on

6. (a) DATE OF PUBLIC DISTRIBUTION(S) **02** ' **22** ' **2024**

(b) COMMUNICATIONS TITLE *"Play Ball"*

7. THE FILER IS: (a) an Individual (b) a Corporation or Labor Organization making communications under 11 CFR 114.10
(c) an Unincorporated Organization (d) Other, specify: *501 (c)4 comm. HEE*

8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT? Yes No

9. CUSTODIAN OF RECORDS

(a) Name *Daniel 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 *Paul Caprio Associates* (e) Occupation *owner-consultant*

10. TOTAL DONATIONS THIS STATEMENT **8000000**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT **7000000**

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
<i>Daniel Paul Caprio</i>	<i>Daniel Paul Caprio</i>	<i>2-22-24</i>

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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12. Person(s) Sharing/Exercising Control

A. (a) Name Daniel 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 Paul Caprio Assoc.
 (e) Occupation owner-consult.

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 Bulterfield Rd. ⁴
 City State Zip
 Downers Grove, IL 60515

Date of Receipt
 03 / 21 / 2024
 Amount
 80000.00

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)

TOTAL This Period (last page this line number only)
 (carry total from last page to Line 10)

80000.00

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <u>Ad Associates</u>		Date of Disbursement or Obligation MM / DD / YYYY <u>02 / 21 / 2024</u>	
Mailing Address of Payee <u>10491 FM 2451</u>		Amount <u>70,000.00</u>	
City <u>SCURRY</u>	State <u>TX</u>	Zip Code <u>75158</u>	Communication Date MM / DD / YYYY <u>02 / 22 / 2024</u>
Name of Employer <u>Dorothy Baker - owner-media</u>		Occupation <u>owner-media</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>RADIO ADS Placement</u>			
Name of Federal Candidate <u>Frank La Rose</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>OH</u> District: _____	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	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 MM / DD / YYYY	
Mailing Address of Payee		Amount	
City	State	Zip Code	Communication Date MM / DD / YYYY
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).....▶	<u>70,000.00</u>
TOTAL This Period (last page this line number only).....▶ (carry total from last page to Line 11)	<u>70,000.00</u>

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		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	Date of Receipt
	Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received via FAX		Date of Receipt
<input checked="" type="checkbox"/> Received via Email		Date of Receipt 2/22/24
<input type="checkbox"/> Received from Electronic Filing Office		Date of Receipt
<input type="checkbox"/> Other (Specify):		Date of Receipt or Postmarked
<i>RJZ</i>		2/28/24
PREPARER		DATE PREPARED
(4/2023)		