



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

December 7, 2020

D. PAUL CAPRIO, CUSTODIAN OF RECORDS  
PATRIOTIC VETERANS, INC  
540 N DEARBORN ST POB 101239  
CHICAGO, IL 60610

Response Due Date

01/11/2021

IDENTIFICATION NUMBER: C30001978

REFERENCE: 24-HOUR FEC FORM 9 (10/27/2020 - 11/02/2020)

Dear Custodian of Records:

This letter is prompted by the Commission's preliminary review of the 24 Hour Notice of Disbursements/Obligations for Electioneering Communications (FEC Form 9) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** Additional information is needed for the following 1 item:

- On Schedule 9-B of your filing, you have not itemized all of the necessary information for disbursements made or obligations. Proper disclosure requires the payee's full name, address, and employer/occupation if necessary, the disbursement and communication dates, the amount, the purpose (including communication title), the election, and the name, office sought, state, and district of the federal candidate supported or opposed by the communication. (11 CFR § 104.20(c)) Please amend your filing to include the purpose (including communication title).

**Please note, you will not receive an additional notice from the Commission on this matter. Requests for extensions of time in which to respond will not be considered.** Failure to comply with the provisions of the Act may result in an enforcement action against the entity. Any response submitted by your entity will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

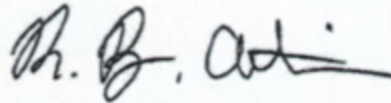
Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. For information about the report review process or specific filing information for your committee type, please visit [www.fec.gov/help-candidates-and-committees](http://www.fec.gov/help-candidates-and-committees). For more information about Requests for

PATRIOTIC VETERANS, INC

Page 2 of 2

Additional Information (RAFI), why you received a letter, and how to respond, please visit [www.fec.gov/help-candidates-and-committees/request-additional-information](http://www.fec.gov/help-candidates-and-committees/request-additional-information). Should you have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1196.

Sincerely,



Bradley Austin

Sr. Campaign Finance & Reviewing Analyst

436

2  
0  
2  
1  
0  
1  
1  
0  
3  
0  
0  
3  
1  
9  
0  
7  
6

# FEC FORM 9

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

1. (a) Name of Individual, Organization or Corporation <i>Patriotic Veterans</i>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>540 N. Dearborn St. POB101239</i>	3. FEC Identification Number <b>C30001978</b>
(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 **10** ' **27** ' **2020** THROUGH **11** ' **02** ' **2020**

5. IS THIS REPORT AN AMENDMENT?  No  Yes, it amends the report filed on **10** ' **26** ' **2020**

6. (a) DATE OF PUBLIC DISTRIBUTION(S) **10** ' **26** ' **2020**

(b) COMMUNICATIONS TITLE *Farmers - Minnesota*

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: *Radio ad*

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

9. 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 *Paul Caprio + Assoc* (e) Occupation *sole proprietor*

10. TOTAL DONATIONS THIS STATEMENT ..... **\$20,000.00**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT ..... **\$20,000.00**

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

*10-25-20*

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30106.

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

12. Person(s) Sharing/Exercising Control

A. (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: Paul Caprio & Assoc.  
(e) Occupation: Sole Proprietor Consultant

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**

2  
0  
2  
1  
  
0  
1  
1  
1  
  
0  
3  
  
0  
0  
3  
1  
9  
0  
7  
9

**A. Full Name of Donor**  
 Richard Uihlein  
 Mailing Address of Donor  
 12575 Uline Dr.  
 City State Zip  
 Pleasant Prairie Wi 53158

Date of Receipt  
 10 / 27 / 2020  
 Amount  
 20,000.00

**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) .....

20,000.00

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

20,000.00

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

**A. Full Name (Last, First, Middle Initial) of Payee**  
 Advertising Assoc. / Dorothy Baker

**Date of Disbursement or Obligation**  
 10 / 26 / 2020

**Mailing Address of Payee**  
 10491 Fm 2451

**Amount**  
 20,000.00

**City** Scurry **State** TX **Zip Code** 75158

**Communication Date**  
 10 / 27 / 2020

**Name of Employer** Dorothy Baker **Occupation** media placement

**Purpose of Disbursement (Including title(s) of communication(s))**

**Name of Federal Candidate** Donald Trump **Office Sought:**  House  Senate  President **State:** MN **Disbursement/Obligation For:**  Primary  General  Other (specify) ▶

**Name of Federal Candidate** \_\_\_\_\_ **Office Sought:**  House  Senate  President **State:** \_\_\_\_\_ **Disbursement/Obligation For:**  Primary  General  Other (specify) ▶

**Name of Federal Candidate** \_\_\_\_\_ **Office Sought:**  House  Senate  President **State:** \_\_\_\_\_ **Disbursement/Obligation For:**  Primary  General  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:**  House  Senate  President **State:** \_\_\_\_\_ **Disbursement/Obligation For:**  Primary  General  Other (specify) ▶

**Name of Federal Candidate** \_\_\_\_\_ **Office Sought:**  House  Senate  President **State:** \_\_\_\_\_ **Disbursement/Obligation For:**  Primary  General  Other (specify) ▶

**Name of Federal Candidate** \_\_\_\_\_ **Office Sought:**  House  Senate  President **State:** \_\_\_\_\_ **Disbursement/Obligation For:**  Primary  General  Other (specify) ▶

**SUBTOTAL** of Disbursements/Obligations This Page (optional) ..... ▶ 20,000.00

**TOTAL** This Period (last page this line number only) ..... ▶ 20,000.00  
 (carry total from last page to Line 11)

# Via E-Mail

2  
0  
2  
1  
0  
1  
1  
1  
0  
3  
0  
0  
3  
1  
9  
0  
8  
1

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.

2  
0  
2  
1  
0  
1  
1  
1  
0  
3  
0  
0  
3  
1  
9  
0  
8  
2

<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
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): Via Email	Date of Receipt or Postmarked 01/11/2021
MDC	01/11/2021
PREPARER	DATE PREPARED