



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 (10/26/2020 - 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.

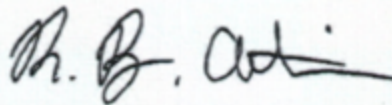
Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. For information about the report review process or specific filing 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 (RAI), 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

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# 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 St. #303 101239</i>	3. FEC Identification Number <b>C 30001978</b>
(c) City, State and ZIP Code <i>Chicago, IL 60610</i>	
2. Occupation and Name of Employer (for Individual Filers Only) <i>—</i>	

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4. COVERED PERIOD: FROM **10** ' **26** ' **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 *Minnesota - Women*

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 *Chicago, IL 60610*  
(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 <i>D. Paul Caprio</i>	SIGNATURE <i>D. Paul Caprio</i>	DATE <i>10-25-20</i>
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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)

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 media consultant  
Sole proprietor

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 \_\_\_\_\_

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

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

Date of Receipt  
 10 / 26 / 2020  
 Amount  
 20000.00

**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).....▶

20000.00

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

20000.00

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

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Advertising Assoc. Dorothy				Date of Disbursement or Obligation 10 / 26 / 2000	
Mailing Address of Payee 10491 FM 2451 Baker				Amount 20,000.00	
City Scurry TX		State TX		Zip Code 75158	
Name of Employer Advertising Assoc media placement				Communication Date 10 / 27 / 2020	
Purpose of Disbursement (Including title(s) of communication(s)) Dorothy Baker					
Name of Federal Candidate Donald Trump		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: MN 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>B. Full Name (Last, First, Middle Initial) of Payee</b>					
Mailing Address of Payee				Date of Disbursement or Obligation	
City State Zip Code				Amount	
Name of Employer Occupation				Communication Date	
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)					
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional).....				21,000.00	
<b>TOTAL</b> This Period (last page this line number only)..... (carry total from last page to Line 11)				20,000.00	

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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.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Date of Receipt
<input type="checkbox"/> USPS Priority Mail	Date of Receipt
<input type="checkbox"/> USPS Priority Mail Express	Date of Receipt
<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