



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

December 7, 2020

DANIEL PAUL CAPRIO, CUSTODIAN OF RECORDS
PATRIOTIC VETERANS, INC
540 N DEARBORN ST PO BOX 101239
CHICAGO, IL 60610

Response Due Date

01/11/2021

IDENTIFICATION NUMBER: C30001978

REFERENCE: 24-HOUR FEC FORM 9 (10/06/2020 - 10/20/2020)

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 three items:

1. When disclosing electioneering communications on FEC Form 9, any person, group of persons, or organization (including corporations, labor organizations, and unincorporated entities) that makes an electioneering communication must disclose their full name and address (and employer and occupation if necessary), as well as the date of public distribution and title of the electioneering communication. The full name, address, employer, and occupation of the Custodian of Records must also be disclosed. (11 CFR § 104.20(c)) Please amend your filing to include occupation of the Custodian of Records.

2. On Line 12 of your filing, you have failed to disclose the person or persons sharing or exercising control of the making of the disbursement/obligation for the electioneering communication. You must provide the name, address, employer, and occupation of each person sharing or exercising control. (11 CFR § 104.20(c)(2)) Please amend your filing to include the missing information.

3. 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 §

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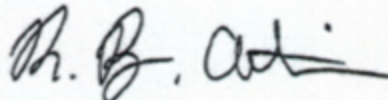
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104.20(c)) Please amend your filing to include the election and the purpose
(including communication title).

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. For more information about Requests for Additional Information (RAFI), why you received a letter, and how to respond, please visit 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

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. P.O. B 101239</i>	3. FEC Identification Number C30001978
(c) City, State and ZIP Code <i>Chicago, IL. 60610</i>	
2. Occupation and Name of Employer (for Individual Filers Only) <i>501 (c) 4 committee</i> <i>20</i>	

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4. COVERED PERIOD: FROM FROM **10** ' **10** ' **2020** THROUGH **10** ' **19** ' **2020**

5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on **10** ' **19** ' **2020**

6. (a) DATE OF PUBLIC DISTRIBUTION(S) **10** ' **20** ' **2020** ,
(b) COMMUNICATIONS TITLE *"Ms Lindsey."*

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 *Daniel Paul Caprio*
(b) Address (number and street) *155 W. Main St. #302*
(c) City, State and ZIP Code *Chicago, IL. 60610* *consultant*
(d) Name of Employer or Principal Place of Business *Paul Caprio + Assoc* (e) Occupation *consultant*

10. TOTAL DONATIONS THIS STATEMENT..... **\$ 45000.00**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT **45000.00**

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Daniel Paul Caprio

D.P. Caprio

10-18-20

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

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
 Richard Uihlein
Mailing Address of Donor
 1396 W. Waukegan Blvd.
City State Zip
 Lake Forest, IL. 60045

Date of Receipt
 10 / 06 / 2020
 Amount
 \$45,000.00

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)..... ▶

45,000.00

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

45,000.00

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

A. Full Name (Last, First, Middle Initial) of Payee
Ad Associates (Dorothy Baker)

Mailing Address of Payee
10491 FM 2451

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

Name of Employer Ad Assoc. **Occupation** advertising

Date of Disbursement or Obligation
 MONTH: 10 DAY: 19 YEAR: 2020

Amount
\$45,000.00

Communication Date
 MONTH: 10 DAY: 20 YEAR: 2020

Purpose of Disbursement (Including title(s) of communication(s))
"Miss LINDSEY" Radio ad

Name of Federal Candidate <u>Thom Tillis</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NC</u> 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

Mailing Address of Payee

City **State** **Zip Code**

Name of Employer **Occupation**

Date of Disbursement or Obligation

Amount

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) ▶ _____

SUBTOTAL of Disbursements/Obligations This Page (optional)..... ▶ \$45,000.00

TOTAL This Period (last page this line number only)..... ▶ \$45,000.00
 (carry total from last page to Line 11)

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

12. Person(s) Sharing/Exercising Control

A. (a) Name Daniel Paul Caprio
(b) Address (number and street) 155 W. Main St. # 302
(c) City, State and ZIP Code Chicago, IL. 60643215
(d) Name of Employer or Principal Place of Business Paul Caprio + Assoc. Consultant
(e) Occupation 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

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Via E-Mail

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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
<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 2/16/2021
MDC	2/16/2021
PREPARER	DATE PREPARED