



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 (10/07/2020 - 10/13/2020)

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 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), the election, and the name, office sought, state, and district of the federal candidate supported or opposed by the communication.

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

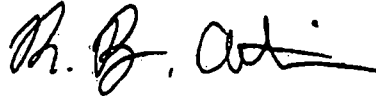
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PATRIOTIC VETERANS, INC

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www.fec.gov/help-candidates-and-committees. For more information about Requests for Additional Information (RAI), 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

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NON-PROFIT ORGANIZATION

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>		3. FEC Identification Number C30001978
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>540 N. Dearborn St. P.O. B. 101239</i>		
(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 Comm. Fee</i>		

4. COVERED PERIOD: FROM **10** / **07** / **2020** THROUGH **10** / **13** / **2020**

5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on **10** / **12** / **2020**

6. (a) DATE OF PUBLIC DISTRIBUTION(S) **10** / **09** / **2020**

(b) COMMUNICATIONS TITLE *"Play Ball" radio ad*

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*

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 *Columbus, Ohio 43215*

(d) Name of Employer or Principal Place of Business *Paul Caprio Assoc*

(e) Occupation *consultant*

10. TOTAL DONATIONS THIS STATEMENT **\$ 45,000.00**

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT **\$ 45,000.00**

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

Daniel Paul Caprio 10-12-20

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 3109.

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

12. Person(s) Sharing/Exercising Control

A.	(a) Name <i>Daniel Paul Caprio</i>
	(b) Address (number and street) <i>155 W. Main St. #302 media</i>
	(c) City, State and ZIP Code <i>Columbus, Ohio 43215 Consultant</i>
	(d) Name of Employer or Principal Place of Business <i>Paul Caprio + Assoc.</i>
	(e) Occupation <i>media@consultant</i>
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

Richard Uihlein

Mailing Address of Donor

1396 N. Waukegan, Blvd.

City

Lake Forest IL

State

Zip

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

MM / DD / YYYY

Amount

C. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

D. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

Amount

E. Full Name of Donor

Mailing Address of Donor

City

State

Zip

Date of Receipt

MM / DD / YYYY

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

PHOTOGRAPH BY: JIMMY H. HENSON

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

A. Full Name (Last, First, Middle Initial) of Payee Ad Associates (Dorothy Baker)				Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2020	
Mailing Address of Payee 10491 Fm 2451				Amount \$ 45,000.00	
City State Zip Code Scurry TX 75158		Communication Date MM / DD / YYYY 10 / 23 / 2020			
Name of Employer Occupation Ad Associates advertising		Purpose of Disbursement (Including title(s) of communication(s)) Big Hat .. Not a - radio "Play Ball" Radio			
Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President John James		State: MI 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				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)				\$ 45,000.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 11)				\$ 45,000.00	

Via E-Mail

01-01-2008 16:05:10 UNIV 11-0-1 H-NON

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 Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
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): *Email* Date of Receipt or Postmarked
1/25/21

PSL
PREPARER

1/25/21
DATE PREPARED

11-000000-101-000000-11