

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. For more information about Requests for

### PATRIOTIC VETERANS, INC

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Additional Information (RFAI), 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

# 2021 - 01 - 25 - 05 - 00M6M8M0

## **FEC FORM 9**

# 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation
tatriotic Veterans (b) Address (number and street) ☐ check if different than previously reported
(b) Address (number and street)
540 N. Bearborn St. Pol3101239 3. FEC Identification Number
(c) City, State and ZIP Code Chicago, IL. 60610 C3000 1978
2. Occupation and Name of Employer (for Individual Filers Only)
4. COVERED PERIOD: FROM プレ 27 2020 THROUGH ブブ 62 2020
5. IS THIS REPORT AN AMENDMENT? Yes, it amends the report filed on 78 20
6. (a) DATE OF PUBLIC DISTRIBUTION(S)
(b) COMMUNICATIONS TITLE Farmers - Minnesola
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) Bother, specify: Radio ad
8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT?
9. CUSTODIAN OF RECORDS
D. Paul Caprio
(b) Address (number and street)
155 W. Main St. #302
(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 (e) Occupation
Paul Caprio Lassoc Sole proprietor
10. TOTAL DONATIONS THIS STATEMENT
11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT
Under penalty of perjury I certify that this statement is true, correct and complete.
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE
D. Paul Caprio D. Paul Capa 10-25-26
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

12.

Per	son(s) Sharing/Exercising Control	
A.	(a) Namer D. Paul Caprio	
	(b) Address (number and street) Main St. 4302	
	(c) City, State and ZIP Code bus, Ohio 43215	Sole Proprietor
	(c) City, State and ZP Code business  (d) Name of Employer or Principal Place of Business  Pavl Caprio & ASSOC.	Sole Proprietor (e) Occupation Consultant
B.		•
	(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	
C.	(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

A.	Full Name of Donor  Richa  Mailing Address of Donor  1:257.  City  Pleasa	rd Vihl 5 Uline nt Prarie	ein Dr. Wi.53158	Date of Receipt  70 27 2020  Amount  20,00000
В.	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  M. K. / G. G. / Y.
	This Period (last page this line (carry total from last page to	e number only)		20,000,00

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

	PAGE OF
r	Date of Disbursement or Obligation
	Amount  A 20 A 0 D 0 A 0 6  Communication Date
n	1 78 27 2020
- F\[\rac{1}{2}\]	Disbursement/Obligation For: Primary General Other (specify)
_	Disbursement/Obligation For:  ☐ Primary ☐ General ☐ Other (specify) ▶
<b>-</b>	Disbursement/Obligation For: Primary General Other (specify)
	Date of Disbursement or Obligation  Amount
	Communication Date
	hand hand historian
- -	Disbursement/Obligation For:  Primary General  Other (specify)
_	Disbursement/Obligation For:  ☐ Primary ☐ General  ☐ Other (specify) ▶

A. Full Name	Ver 151	· //	1Da-	thy Baker	[73] [32] [383]	1
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	Curry	/ X ·		158	Communication Date	
Name of E	orothy	13 alker - m	nedia.	placemen	4 78 27 2028	]
•		ng title(s) of communica	tion(s)	1.		
	Formers					
	ederal Candidate Onglo	Fum p	House Senate	State: District:	N. Disbursement/Obligation For: General	
			President		Other (specify)	
Name of F	ederal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: Primary General	
		}-	Senate President	District:	Other (specify)	
Name of F	ederal Candidate	Office Sought:	☐ House	State:	Disbursement/Obligation For:	<del></del> .
		-	Senate	District:	Primary General	
		<u> </u>	President	District.	Other (specify)	
P Full Name	(Last, First, Middle Init	ial) of Pavee	<del></del>		Date of Disbursement or Obligation	
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Mailing Add	iress of Payee					i
-	-				Amount	
City		State	Zip Co	de	Luanana	
					Communication Date	
Name of E	mployer	Occupat	ion		U	]
Purpose of	Disbursement (Including	ng title(s) of communicat	tion(s))	<u></u> .		<del></del>
Name of F	ederal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
			Senate	District:	Primary General	
	<del></del>		President		Other (specify)	<u> </u>
Name of F	ederal Candidate	Office Sought:	House	State:	Disbursement/Obligation For: Primary General	
		-	Senate President	District:	Other (specify)	
			<del></del>		Disbursement/Obligation For:	=
Name of F	ederal Candidate	Office Sought:	House Senate	State:	Primary General	
			President	District:	Other (specify)	
SUBTOTAL C	of Disbursements/Obliga	ations This Page (option	al)	·····	2.0,00.0.0	ô

# Via E-Mail

(3/2015)

### 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. Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS** Priority Mail Express Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): Email 1/25/21 052 **PREPARER** DATE PREPARED