

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Family-PAC Federal

ADDRESS (number and street) 414 N Orleans Plaza #320
Check if different than previously reported. (ACC) Chicago IL 60654

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00362178 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2016 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Caprio, D Paul, , ,

Signature of Treasurer Caprio, D Paul, , , [Electronically Filed] Date 01 / 30 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Family-PAC Federal

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text"/>	<input type="text" value="3895.38"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5564.06"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="100.0"/>	<input type="text" value="29000.0"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="5664.06"/>	<input type="text" value="32895.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4373.71"/>	<input type="text" value="31605.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1290.35"/>	<input type="text" value="1290.35"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="3216.0"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

Family-PAC Federal

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 29 / 2016 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.0	28750.0
(ii) Unitemized	100.0	250.0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	100.0	29000.0
(b) Political Party Committees	0.0	0.0
(c) Other Political Committees (such as PACs).....	0.0	0.0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	100.0	29000.0
12. Transfers From Affiliated/Other Party Committees.....	0.0	0.0
13. All Loans Received	0.0	0.0
14. Loan Repayments Received.....	0.0	0.0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.0	0.0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.0	0.0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.0	0.0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	100.0	29000.0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	100.0	29000.0

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3873.71	19855.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3873.71	19855.03
22. Transfers to Affiliated/Other Party Committees.....	0.0	250.0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.0	10500.0
24. Independent Expenditures (use Schedule E)	0.0	0.0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.0	0.0
26. Loan Repayments Made.....	0.0	1000.0
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.0	0.0
(b) Political Party Committees	0.0	0.0
(c) Other Political Committees (such as PACs).....	0.0	0.0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.0	0.0
29. Other Disbursements (Including Non-Federal Donations).....	0.0	0.0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4373.71	31605.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4373.71	31605.03

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	100.0	29000.0
34. Total Contribution Refunds (from Line 28(d))	0.0	0.0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100.0	29000.0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3873.71	19855.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.0	0.0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3873.71	19855.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Family-PAC Federal

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement MM / DD / YYYY 12 / 06 / 2016
Mailing Address 300 First Street, SE		FEC Identification Number C [REDACTED] Transaction ID : 14852816842 Amount of Each Disbursement this Period [REDACTED] 25.0
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Expenses		<input type="checkbox"/> 001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Paul Caprio and Associates		Date of Disbursement MM / DD / YYYY 11 / 29 / 2016
Mailing Address 414 N Orleans Plaza #320		FEC Identification Number C [REDACTED] Transaction ID : 14858177320 Amount of Each Disbursement this Period [REDACTED] 2501.72 Stamp, RNC, Victory, Chris Dosev luncheon
City Chicago	State IL	Zip Code 60654
Purpose of Disbursement added Luncheon on 1/11/16 - audit		<input type="checkbox"/> 003 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Harry Caray's Restaurant		Date of Disbursement MM / DD / YYYY 11 / 29 / 2016
Mailing Address 33 W Kinzie St		FEC Identification Number C [REDACTED] Transaction ID : 14858793560 Amount of Each Disbursement this Period [REDACTED] 1702.62
City Chicago	State IL	Zip Code 60654
Purpose of Disbursement Harry Caray Victory Luncheon		<input type="checkbox"/> 003 Category/ Type
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶

2526.72

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Family-PAC Federal

A. Paul Caprio and Associates

Full Name (Last, First, Middle Initial)
Mailing Address 414 N Orleans Plaza #320

City Chicago State IL Zip Code 60654

Purpose of Disbursement Internet 5/8/2016

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y
11 / 29 / 2016

FEC Identification Number: C []
Transaction ID : 14858182882:
Amount of Each Disbursement this Period: [] 5.95

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C []

Amount of Each Disbursement this Period: []

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y

FEC Identification Number: C []

Amount of Each Disbursement this Period: []

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ [] 5.95

TOTAL This Period (last page this line number only)..... ▶ [] 2532.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Family-PAC Federal

A. CRIS DOSEV FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 6564

City PENSACOLA State FL Zip Code 32503

Purpose of Disbursement
Contribution on 5/10/16 from audit

Candidate Name
Dosev, Cris, , ,

Office Sought: House Senate President
State: FL District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 29 / 2016

FEC Identification Number
C 00614057
Transaction ID : 14858181190

Amount of Each Disbursement this Period
500.0

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Family-PAC Federal** Transaction ID : 1389846966675

LOAN SOURCE Full Name (Last, First, Middle Initial) Paul Caprio and Associates			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 414 N Orleans Plaza #320				
City	State	ZIP Code		
Chicago	IL	60654		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	3746.69	253.31

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 09 / 27 / 2013	MM / DD / YYYY None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	253.31
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) Family-PAC Federal	Transaction ID : 1389847034131
---------------------------------------------------	--------------------------------

LOAN SOURCE Full Name (Last, First, Middle Initial) Paul Caprio and Associates			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 414 N Orleans Plaza #320				
City Chicago	State IL	ZIP Code 60654		

Original Amount of Loan 500.00	Cumulative Payment To Date	Balance Outstanding at Close of This Period 500.0
-----------------------------------	----------------------------	------------------------------------------------------

TERMS	Date Incurred MM / DD / YYYY 10 / 18 / 2013	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------------------	------------------------------------	-------------------------------	---------------------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	[] 500.00
TOTALS This Period (last page in this line only)	▶	[] 753.31

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 11
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Family-PAC Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paul Caprio and Associates			Nature of Debt (Purpose): Travel Expense
Mailing Address 414 N Orleans Plaza #320			
City Chicago	State IL	Zip Code 60654	

Outstanding Balance Beginning This Period	Transaction ID : 1308031426886	
800.0		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.0	800.0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paul Caprio and Associates			Nature of Debt (Purpose): Reception Expense
Mailing Address 414 N Orleans Plaza #320			
City Chicago	State IL	Zip Code 60654	

Outstanding Balance Beginning This Period	Transaction ID : 1308031631355	
662.69		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.0	662.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paul Caprio and Associates			Nature of Debt (Purpose): Debt 10/1/2012
Mailing Address 414 N Orleans Plaza #320			
City Chicago	State IL	Zip Code 60654	

Outstanding Balance Beginning This Period	Transaction ID : 1351193803338	
1000.0		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.0	1000.0

1) SUBTOTALS This Period This Page (optional)..... ▶	2462.69
2) TOTALS This Period (last page this line number only)..... ▶	2462.69
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	753.31
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	3216.00