

R.Cary
CAPPARELLI RECEIVED
FEC MAILCENTER

United States Senate - Illinois 2025 AUG 28 AM 11: 10

August 12, 2025

Federal Election Commission
1050 First Street NE
Washington, DC 20463

Hello:

As we noticed our amended FORM 1 has not been posted yet on the filing website, to make sure as received, please find enclosed a copy.

Also, the receipt (w/number) of the original amended FORM 1 which shows as received at your office.

Trust, we have successfully complied.

Thank you.


CAPPARELLI FOR SENATE



July 25, 2025

Federal Election Commission
1050 First Street NE
Washington, DC 20463

Please find enclosed, as requested, our amended Statement of Organization.

Our committee trust it meets your requirements.

Thank you.

Sincerely,
CAPPARELLI FOR US SENATE

R. Cary Capparelli
Candidate

P.O. Box 1291
Park Ridge, Illinois 60068
(773) 631-4020
carycapparelli@sbcglobal.net
www.rcarycapparelli.net

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER

2025 AUG 28 AM 11:10
Filing Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

C A P P A R E L L I F O R U . S . S E N A T E

ADDRESS (number and street) 2 1 3 4 - 2 W E S T I R V I N G P A R K R O A D

(Check if address is changed)

C H I C A G O ILL 6 0 6 3 1 -
CITY▲ STATE▲ ZIP CODE▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.rcarrycapparelli.net

2. DATE 0 7 2 5 2 0 2 5

3. FEC IDENTIFICATION NUMBER ► C 39 2 1 6 8 2 8 9

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Marianne Palumbo

Signature of Treasurer

Date 0 7 2 5 2 0 2 5

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					
-----------------------	--	--	--	--	--

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 03/2022)

5. TYPE OF COMMITTEE:

Candidate Committee:(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

R . . C A R Y C A P P A R E L L I

Candidate Party Affiliation

R E P

Office Sought:

House

 Senate

President

State I L
District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

L

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

(g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. L

C

2. L

C

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name R . . C A R Y C A P P A R E L L IMailing Address P . . O . . B O X 1 2 9 1 P A R K R I D G E

I L

6 0 0 6 8 -

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

 C A N D I D A T E Telephone number 7 7 3 - 6 3 1 - 4 0 2 0

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer M A R I A N N E P A L U M B OMailing Address 3 7 8 6 H A W T H O R N E S T R E E T S C H I L L E R P A R K

I L

6 0 1 7 6 -

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

 T R E A S U R E R Telephone number 3 1 2 - 7 3 1 - 7 0 3 9

Full Name of
Designated
Agent

Mailing Address

 - -

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

 - -

-
9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

 F I R S T N A T I O N S B A N K

Mailing Address

 7 7 5 7 W E S T D E V O N A V E N U E C H I C A G O I L 6 0 6 3 1 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

 - -

CITY ▲

STATE ▲

ZIP CODE ▲

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

97 7940 2444 2470 5270 0720 6856

Certified Mail Fee	\$ 5.00
Extra Services & Fees (check box and fee if applicable)	\$ 0.00
□ Return Receipt (handcopy)	
□ Return Receipt (electronic)	
□ Certified Mail Restricted Delivery	\$ 3.00
□ Adult Signature Required	\$ 1.00
□ Adult Signature Restricted Delivery	\$ 1.00
Postage	\$ 1.36
Total Postage and Fees	
\$ 7.36	

Postmark
Here

07/28/2025

Clerk: 96

W
P
S
F

RECEIVED SECTION COMMISSION
2025 BOXING ST NE
WASHINGTON DC 20403

PS Form 3800, January 2023 PSN 7550-02-0009047 See Reverse for Instructions

Da
7/22/

RECEIVED
FEC MAIL CENTER

2025 AUG 28 AM 11:10

AUG 12 2025

Federal Election Commission
1050 First Street NE
Washington, DC 20463

R. C. Capparelli
P.O. Box 1291
Park Ridge, IL 60068-7291



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.

<input type="checkbox"/> Hand Delivered	Date of Receipt	
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt 8/28/25	
<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	Date of Receipt
	Next Business Day Delivery. <input type="checkbox"/>	
<input type="checkbox"/> Received via FAX	Date of Receipt	
<input type="checkbox"/> Received via Email	Date of Receipt	
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt	
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	
		8/28/25
PREPARER		DATE PREPARED

(4/2023)