

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

2025 AUG 28 AM 11:10



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](mailto:carycapparelli@sbcglobal.net)  
[www.rcarycapparelli.net](http://www.rcarycapparelli.net)

2025-08-28 10:51:07

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAILCENTER

2025 AUG 28 11:10

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

CITY ▲

I L

STATE ▲

6 0 6 3 1

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)

w w w . r c a r y c a p p a r e l l i . n e t

2. DATE

M M / D D / Y Y Y Y  
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

M M / D D / Y Y Y Y  
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. CARY CAPPARELLI

Candidate

Party Affiliation REP

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**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.

C

2.

C

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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. CARY CAPPAPELLI

Mailing Address

P.O. BOX 1291

PARK RIDGE      IL      60068 - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CANDIDATE

Telephone number

773 - 631 - 4020

## 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

MARIANNE PALUMBO

Mailing Address

3786 HAWTHORNE STREET

SCHILLER PARK      IL      60176 - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

312 - 731 - 7039

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

NOV 05 2023 10:00 AM

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

07/28/2025 00:58

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☐ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

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State: 20403

PS Form 3800, January 2023 PSN 7530-02-000-9047-1 See Reverse for Instructions

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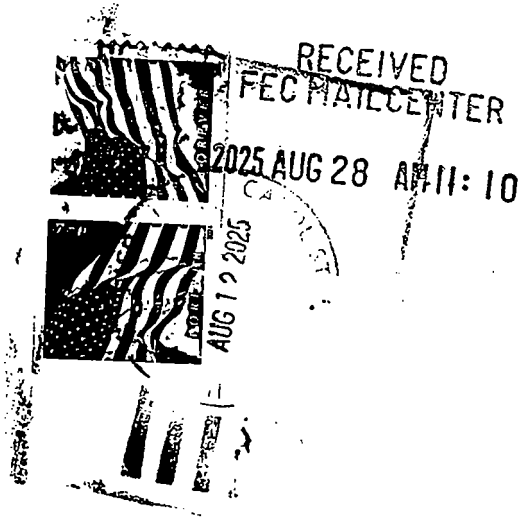
De

7/22/

UNION : BOX 1291 : WASHINGTON



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




Federal Election Commission  
1050 First Street NE  
Washington, DC 20463



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):	<div style="display: flex; justify-content: space-between;"> <span>Shipping Date</span> <span>Date of Receipt</span> </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> Next Business Day Delivery <input type="checkbox"/> </div>
<input type="checkbox"/> Received via FAX	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 <b>PREPARER</b> (4/2023)	8/28/25 <b>DATE PREPARED</b>

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