

**FEC  
FORM 1**

# STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

UOM Use Only AM 10:55

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

Capito For West Virginia

ADDRESS (number and street)

P.O. Box 11519

(Check if address is changed)

Charleston

CITY ▲

WV

STATE ▲

25339

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

marypayne@verizon.net

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 04 23 2014

3. FEC IDENTIFICATION NUMBER ► C C00539825

4. IS THIS STATEMENT X 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 Reed Spangler

Signature of Treasurer

Reed Spangler

*Reed Spangler*

Date

04 / 23 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 06/2012)

14020340027

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 Shelley Moore Capito

Candidate Party Affiliation REP Office Sought: House  Senate President State WW 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.)

**Joint Fundraising Representative:**

(g)  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.

(h)  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. \_\_\_\_\_ FEC ID number C

2. \_\_\_\_\_ FEC ID number C

3. \_\_\_\_\_ FEC ID number C

4. \_\_\_\_\_ FEC ID number C

14020340028

Write or Type Committee Name

# Capito For West Virginia

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

Capito Victory Committee

Mailing Address 228 S Washington St  
 Ste 115  
 Alexandria VA 22314  
 CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee  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 FEC Financial  
 Mailing Address PO Box 651374  
 Potomac Falls VA 20165  
 Title or Position CITY STATE ZIP CODE  
 Custodian Telephone number 703 430 6635

**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 Reed Spangler  
 Mailing Address 1959 Parkwood Road  
 Charleston WV 25314  
 Title or Position CITY STATE ZIP CODE  
 Treasurer Telephone number 304 343 0168

14020340029

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

BB&T [Grid for Name of Bank]

Mailing Address

300 Summers Street [Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

Charleston WV 25301 [Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

14020340030

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

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**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.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

Fiscal Conservative Majority Fund

Mailing Address

228 S Washington St

Ste 115

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

Designated Agent

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Joint Fundraiser Participant

[ ADDITIONAL ]

FEC ID number

C

14020340031

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FEC Form 1S (Revised 06/2011)

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**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.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

2014 Senators Classic Committee

Mailing Address

228 S Washington Street

Suite 115

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

Designated Agent

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Joint Fundraiser Participant

[ ADDITIONAL ]

FEC ID number

C

14020340032

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
MAIL ROOM OFFICE B1  
SUITE 232  
WASHINGTON, DC 20510-71  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:  
HAND DELIVERED 5-1-14  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark  
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

| <u>OVERNIGHT DELIVERY SERVICE:</u> |               | NEXT BUSINESS DAY DELIVERY |
|------------------------------------|---------------|----------------------------|
|                                    | SHIPPING DATE |                            |
| FEDERAL EXPRESS                    | _____         | <input type="checkbox"/>   |
| UPS                                | _____         | <input type="checkbox"/>   |
| DHL                                | _____         | <input type="checkbox"/>   |
| AIRBORNE EXPRESS                   | _____         | <input type="checkbox"/>   |

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Date of Receipt

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FAX \_\_\_\_\_  
Date of Receipt

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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 5-1-14

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