

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

Capito for West Virginia

ADDRESS (number and street)

Check if different than previously reported. (ACC)

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

STATE ▼ DISTRICT

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)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on  in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on  in the State of

5. Covering Period  through

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

Signature of Treasurer  [Electronically Filed] Date

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 3 (Revised 05/2016)

Write or Type Committee Name  
Capito for West Virginia

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	37463.46	40469.13
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	37463.46	40469.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	36283.10	211659.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	402.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	36283.10	211257.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2421710.70	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Capito for West Virginia

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11665.00	11843.50
(ii) Unitemized.....	3297.50	5124.67
(iii) TOTAL of contributions from individuals ▶	14962.50	16968.17
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	22500.96	23500.96
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	37463.46	40469.13
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	402.50
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	37463.46	40871.63

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36283.10	211659.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	50000.00	54000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	86283.10	265659.83

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2470530.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	37463.46
25. SUBTOTAL (add Line 23 and Line 24).....	2507993.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	86283.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2421710.70

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 36  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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)  
**Capito for West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**HEADY, CHRISTOPHER, , MR.,**

Mailing Address 345 PARK AVE

City NEW YORK State NY Zip Code 10154-0004

FEC ID number of contributing federal political committee. **C**

Name of Employer BLACKSTONE GROUP Occupation FINANCE

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 08 / 2021

Transaction ID : SA11A.71942

Amount of Each Receipt this Period  
2800.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KEPNER, JOHN, W., MR.,**

Mailing Address 215 CARMEL RD

City WHEELING State WV Zip Code 26003-1507

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 22 / 2021

Transaction ID : SA11A.71937

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
16748.17

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2021

Transaction ID : SA11A.72944

Amount of Each Receipt this Period  
1332.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3050.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 36  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address **270 CREEKMORE PLACE**

City **HENRICO** State **VA** Zip Code **23238-7100**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**580.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2021**

**Transaction ID : SA11A.72962**

Amount of Each Receipt this Period  
**12.50**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**B.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address **270 CREEKMORE PLACE**

City **HENRICO** State **VA** Zip Code **23238-7100**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**580.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2021**

**Transaction ID : SA11A.72982**

Amount of Each Receipt this Period  
**12.50**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAMS, ANGELA, , MS.,**

Mailing Address **1545 NORTH OCEAN WAY**

City **PALM BEACH** State **FL** Zip Code **33480-3050**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2021**

**Transaction ID : SA11A.72961**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **525.00**

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 36  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
16748.17

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2021

**Transaction ID : SA11A.72945**

Amount of Each Receipt this Period  
1617.00

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

**B.** Full Name (Last, First, Middle Initial)  
**ALBERTI, KERRY, , MS.,**

Mailing Address 12206 COUNTRY HILLS TERRACE

City GLEN ALLEN State VA Zip Code 23059-5339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
258.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2021

**Transaction ID : SA11A.73024**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address 270 CREEKMORE PLACE

City HENRICO State VA Zip Code 23238-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
580.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2021

**Transaction ID : SA11A.73006**

Amount of Each Receipt this Period  
25.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 36  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address 270 CREEKMORE PLACE

City HENRICO State VA Zip Code 23238-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
580.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2021

Transaction ID : SA11A.73031

Amount of Each Receipt this Period  
20.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address 270 CREEKMORE PLACE

City HENRICO State VA Zip Code 23238-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
580.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2021

Transaction ID : SA11A.73036

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address 270 CREEKMORE PLACE

City HENRICO State VA Zip Code 23238-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
580.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2021

Transaction ID : SA11A.73054

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

70.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 36  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address 270 CREEKMORE PLACE

City HENRICO State VA Zip Code 23238-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**580.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 28 2021**

**Transaction ID : SA11A.73059**

Amount of Each Receipt this Period  
**12.50**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**B.** Full Name (Last, First, Middle Initial)  
**SPIKERV, JULIE, , MS.,**

Mailing Address 341 FOX MEADOW DRIVE

City WEXFORD State PA Zip Code 15090-8675

FEC ID number of contributing federal political committee. **C**

Name of Employer FEDL HOME LOAN BANK OF PGH Occupation LAWYER

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 28 2021**

**Transaction ID : SA11A.73073**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**C.** Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**16748.17**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 21 2021**

**Transaction ID : SA11A.72946**

Amount of Each Receipt this Period  
**11046.00**

Memo Item  
**CONTRIBUTION**  
**SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **262.50**

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 10 OF 36	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**ALBERTI, KERRY, , MS.,**

Mailing Address **12206 COUNTRY HILLS TERRACE**

City <b>GLEN ALLEN</b>	State <b>VA</b>	Zip Code <b>23059-5339</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**258.50**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
03 / 21 / 2021

**Transaction ID : SA11A.73111**

Amount of Each Receipt this Period  

25.00
-------

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**B.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address **270 CREEKMORE PLACE**

City <b>HENRICO</b>	State <b>VA</b>	Zip Code <b>23238-7100</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**580.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
03 / 21 / 2021

**Transaction ID : SA11A.73081**

Amount of Each Receipt this Period  

15.00
-------

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**C.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address **270 CREEKMORE PLACE**

City <b>HENRICO</b>	State <b>VA</b>	Zip Code <b>23238-7100</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**580.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
03 / 21 / 2021

**Transaction ID : SA11A.73098**

Amount of Each Receipt this Period  

25.00
-------

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 36  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address **270 CREEKMORE PLACE**

City **HENRICO** State **VA** Zip Code **23238-7100**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**580.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2021**

**Transaction ID : SA11A.73103**

Amount of Each Receipt this Period  
**20.00**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**B.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address **270 CREEKMORE PLACE**

City **HENRICO** State **VA** Zip Code **23238-7100**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**580.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2021**

**Transaction ID : SA11A.73105**

Amount of Each Receipt this Period  
**12.50**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**C.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address **270 CREEKMORE PLACE**

City **HENRICO** State **VA** Zip Code **23238-7100**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**580.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2021**

**Transaction ID : SA11A.73114**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

**57.50**

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 36  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address 270 CREEKMORE PLACE

City HENRICO State VA Zip Code 23238-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
580.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2021

Transaction ID : SA11A.73118

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address 270 CREEKMORE PLACE

City HENRICO State VA Zip Code 23238-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
580.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2021

Transaction ID : SA11A.73119

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address 270 CREEKMORE PLACE

City HENRICO State VA Zip Code 23238-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
580.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2021

Transaction ID : SA11A.73124

Amount of Each Receipt this Period  
147.50

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 197.50

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 OF 36  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address **270 CREEKMORE PLACE**

City **HENRICO** State **VA** Zip Code **23238-7100**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**580.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2021**

**Transaction ID : SA11A.73139**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**B.** Full Name (Last, First, Middle Initial)  
**GEIST, HOLLY PERSINGER, , MRS.,**

Mailing Address **7116 FAIRFAX ROAD**

City **BETHESDA** State **MD** Zip Code **20814-1235**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2021**

**Transaction ID : SA11A.73093**

Amount of Each Receipt this Period  
**2900.00**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**C.** Full Name (Last, First, Middle Initial)  
**GEIST, RUDY, , MR.,**

Mailing Address **7116 FAIRFAX ROAD**

City **BETHESDA** State **MD** Zip Code **20814-1235**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 21 / 2021**

**Transaction ID : SA11A.73094**

Amount of Each Receipt this Period  
**2900.00**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

**5825.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 OF 36  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**KIMBELL, JEFFREY, , MR.,**

Mailing Address 950 AERIE DRIVE

City PARK CITY State UT Zip Code 84060-8846

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation HEALTH CARE CONSULTANT

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2021

**Transaction ID : SA11A.73134**

Amount of Each Receipt this Period  
 1500.00

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 16748.17

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2021

**Transaction ID : SA11A.73157**

Amount of Each Receipt this Period  
 772.50

Memo Item  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW FOR ALL DONORS  
 ABOVE ITEMIZATION THRESHOLD

**C.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address 270 CREEKMORE PLACE

City HENRICO State VA Zip Code 23238-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 580.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2021

**Transaction ID : SA11A.73178**

Amount of Each Receipt this Period  
 12.50

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1512.50

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 36  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address 270 CREEKMORE PLACE

City HENRICO State VA Zip Code 23238-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**580.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2021**

**Transaction ID : SA11A.73179**

Amount of Each Receipt this Period  
**25.00**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**B.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address 270 CREEKMORE PLACE

City HENRICO State VA Zip Code 23238-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**580.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2021**

**Transaction ID : SA11A.73194**

Amount of Each Receipt this Period  
**12.50**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**C.** Full Name (Last, First, Middle Initial)  
**CADER, JOSEPHINE, , ,**

Mailing Address 270 CREEKMORE PLACE

City HENRICO State VA Zip Code 23238-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**580.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2021**

**Transaction ID : SA11A.73203**

Amount of Each Receipt this Period  
**12.50**

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

**50.00**

**11665.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 36	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**WESTROCK PAC**

Mailing Address 1000 ABERNATHY RD NE

City ATLANTA	State GA	Zip Code 30328-5606
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00117424

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 22 / 2021

**Transaction ID : SA11C.71938**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SAZERAC COMPANY, INC. PAC**

Mailing Address 507 C STREET NE

City WASHINGTON	State DC	Zip Code 20002-5809
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00639138

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 10 / 2021

**Transaction ID : SA11C.74215**

Amount of Each Receipt this Period  
500.96

Memo Item  
CONTRIBUTION  
INKIND EVENT FOOD AND BEVERAGE

**C.** Full Name (Last, First, Middle Initial)  
**OWNER OPERATOR INDEPENDENT DRIVERS ASSOC PAC**

Mailing Address PO BOX 1000

City GRAIN VALLEY	State MO	Zip Code 64029-1000
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 23 / 2021

**Transaction ID : SA11C.73152**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	5000.96
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 36	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

**A. NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1212 NEW YORK AVE NW  
SUITE 1100

City WASHINGTON	State DC	Zip Code 20005-3987
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2021

**Transaction ID : SA11C.73153**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**B. DOW CHEMICAL CO. EMPLOYEES PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2030 DOW CENTER

City MIDLAND	State MI	Zip Code 48674-1500
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00034124

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2021

**Transaction ID : SA11C.73154**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

**C. NATSO INC. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1330 BRADDOCK PLACE, SUITE 501

City ALEXANDRIA	State VA	Zip Code 22314-1650
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00097865

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2021

**Transaction ID : SA11C.73156**

Amount of Each Receipt this Period  
5000.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 18 OF 36	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

**A.** Full Name (Last, First, Middle Initial)  
**SOOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC**

Mailing Address 1330 BRADDOCK PLACE  
# 501

City ALEXANDRIA	State VA	Zip Code 22314-1650
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00120030

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2021

**Transaction ID : SA11C.73155**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	22500.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. GUSTO</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2021
Mailing Address 1201 16TH ST S		FEC Identification Number C
City DENVER	State CO	Zip Code 80202
Purpose of Disbursement PAYROLL SVC	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 48.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I7356
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2021
Mailing Address 7704 LEESBURG PIKE		FEC Identification Number C
City FALLS CHURCH	State VA	Zip Code 22043
Purpose of Disbursement DATABASE SERVICES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 900.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I7358
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. GUSTO</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2021
Mailing Address 1201 16TH ST S		FEC Identification Number C
City DENVER	State CO	Zip Code 80202
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 966.14	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I7359
State: District:	<input type="checkbox"/> Memo Item SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1914.29
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. INTERNAL REVENUE SERVICE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2021		
Mailing Address P.O. BOX 1269			FEC Identification Number C		
City CHARLOTTE	State NC	Zip Code 28201	Amount of Each Disbursement this Period 966.14		
Purpose of Disbursement PAYROLL TAXES		Category/ Type	Transaction ID : SB17.I7360		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. BRUBAKER, JOEL, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2021		
Mailing Address 5130 N 28TH ST			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22207	Amount of Each Disbursement this Period 2466.00		
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	Transaction ID : SB17.I7351		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. CAPITO, JR., CHARLES, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2021		
Mailing Address TWO COMSTOCK PLACE			FEC Identification Number C		
City CHARLESTON	State WV	Zip Code 25314	Amount of Each Disbursement this Period 84.00		
Purpose of Disbursement EXPENSE REIMBURSEMENT		Category/ Type	Transaction ID : SB17.I7349 SEE BELOW		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. SPRING HILL PASTRY SHOP</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2021	
Mailing Address 600 CHESTNUT ST S			FEC Identification Number C	
City CHARLESTON	State WV	Zip Code 25309	Amount of Each Disbursement this Period 84.00	
Purpose of Disbursement FOOD/BEVERAGE		Category/Type	Transaction ID : SB17.I7350	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BSB SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2021	
Mailing Address 3538 SOUTH WAKEFIELD STREET			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22206	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type	Transaction ID : SB17.I7352	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. OFFICE &amp; COMMERCIAL CLEANING</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2021	
Mailing Address PO BOX 18445			FEC Identification Number C	
City SOUTH CHARLESTON	State WV	Zip Code 25303	Amount of Each Disbursement this Period 262.15	
Purpose of Disbursement OFFICE CLEANING		Category/Type	Transaction ID : SB17.I7345	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2762.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. THE TOWNSEND GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2021	
Mailing Address 1006 PENDLETON ST			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 6000.00	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.I7347	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. APPALACHIAN POWER</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2021	
Mailing Address PO BOX 371496			FEC Identification Number C	
City PITTSBURGH	State PA	Zip Code 15250	Amount of Each Disbursement this Period 369.61	
Purpose of Disbursement OFFICE UTILITY		Category/ Type	Transaction ID : SB17.I7362	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T BANKCARD CENTER</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2021	
Mailing Address P.O. BOX 580364			FEC Identification Number C	
City CHARLOTTE	State NC	Zip Code 28258-0340	Amount of Each Disbursement this Period 2010.30	
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type	Transaction ID : SB17.I7329	
Candidate Name		Memo Item <input type="checkbox"/> SEE BELOW SUB VENDORS REACHING ITEMIZATION		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8379.91
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. ADT SECURITY</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2021	
Mailing Address ONE TOWN CENTER RD			FEC Identification Number C	
City BOCA RATON	State FL	Zip Code 33486	Amount of Each Disbursement this Period 102.86	
Purpose of Disbursement SECURITY SVC		Category/Type	Transaction ID : SB17.I7334	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2021	
Mailing Address BOX 9001309			FEC Identification Number C	
City LOUISVILLE	State KY	Zip Code 40290	Amount of Each Disbursement this Period 246.09	
Purpose of Disbursement PHONE SVC		Category/Type	Transaction ID : SB17.I7330	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. GOOGLE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2021	
Mailing Address 1600 AMPHITHEATRE PKWY			FEC Identification Number C	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Amount of Each Disbursement this Period 93.74	
Purpose of Disbursement DIGITAL MARKETING		Category/Type	Transaction ID : SB17.I7331	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. UBER</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2021	
Mailing Address 800 MARKET ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94102	Amount of Each Disbursement this Period 14.99	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I7333	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. UBER</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2021	
Mailing Address 800 MARKET ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94102	Amount of Each Disbursement this Period 17.37	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I7336	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. UBER</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2021	
Mailing Address 800 MARKET ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94102	Amount of Each Disbursement this Period 16.84	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I7337	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. US SENATE GIFT SHOP</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2021	
Mailing Address DIRKSEN SENATE OFFICE BUILDING			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20510	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement SUPPORTER GIFTS		Category/Type	Transaction ID : SB17.I7332	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AP BRANDED SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2021	
Mailing Address 2306 CHARLES AVE			FEC Identification Number C	
City DUNBAR	State WV	Zip Code 25064	Amount of Each Disbursement this Period 597.57	
Purpose of Disbursement CAMPAIGN MASKS		Category/Type	Transaction ID : SB17.I7353	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2021	
Mailing Address 1776 WILSON BLVD			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 20009	Amount of Each Disbursement this Period 63.04	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/Type	Transaction ID : SB17.I8378	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	660.61
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2021	
Mailing Address 300 SUMMERS STREET			FEC Identification Number C	
City CHARLESTON	State WV	Zip Code 25301	Amount of Each Disbursement this Period 15.00	
Purpose of Disbursement BANK FEE		Category/ Type	Transaction ID : SB17.I8389	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. GUSTO</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2021	
Mailing Address 1201 16TH ST S			FEC Identification Number C	
City DENVER	State CO	Zip Code 80202	Amount of Each Disbursement this Period 41.73	
Purpose of Disbursement PAYROLL SVC		Category/ Type	Transaction ID : SB17.I8390	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2021	
Mailing Address 7704 LEESBURG PIKE			FEC Identification Number C	
City FALLS CHURCH	State VA	Zip Code 22043	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DATABASE SERVICES		Category/ Type	Transaction ID : SB17.I8391	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	956.73
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. SUDDENLINK COMMUNICATIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2021		
Mailing Address PO BOX 70340			FEC Identification Number C		
City PHILADELPHIA	State PA	Zip Code 19176	Amount of Each Disbursement this Period 7.50		
Purpose of Disbursement PHONES AND INTERNET SERVICE		Category/ Type	Transaction ID : SB17.I8393		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. APPALACHIAN POWER</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2021		
Mailing Address PO BOX 371496			FEC Identification Number C		
City PITTSBURGH	State PA	Zip Code 15250	Amount of Each Disbursement this Period 396.81		
Purpose of Disbursement OFFICE UTILITIES		Category/ Type	Transaction ID : SB17.I8394		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T BANKCARD CENTER</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2021		
Mailing Address P.O. BOX 580364			FEC Identification Number C		
City CHARLOTTE	State NC	Zip Code 28258-0340	Amount of Each Disbursement this Period 806.15		
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type	Transaction ID : SB17.I7338		
Candidate Name			<input type="checkbox"/> Memo Item SEE BELOW SUB VENDORS REACHING ITEMIZATION		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1210.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. ADT SECURITY</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2021	
Mailing Address ONE TOWN CENTER RD			FEC Identification Number C	
City BOCA RATON	State FL	Zip Code 33486	Amount of Each Disbursement this Period 102.86	
Purpose of Disbursement SECURITY SVC		Category/Type	Transaction ID : SB17.I7341	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2021	
Mailing Address BOX 9001309			FEC Identification Number C	
City LOUISVILLE	State KY	Zip Code 40290	Amount of Each Disbursement this Period 241.01	
Purpose of Disbursement PHONE SVC		Category/Type	Transaction ID : SB17.I7339	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. UBER</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2021	
Mailing Address 800 MARKET ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94102	Amount of Each Disbursement this Period 35.19	
Purpose of Disbursement TRAVEL		Category/Type	Transaction ID : SB17.I7342	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. UBER</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2021	
Mailing Address 800 MARKET ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94102	Amount of Each Disbursement this Period 4.42	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I7343	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. UBER</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2021	
Mailing Address 800 MARKET ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94102	Amount of Each Disbursement this Period 29.07	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I7344	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. US SENATE STATIONERY</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2021	
Mailing Address HART SENATE OFFICE BUILDING			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20510	Amount of Each Disbursement this Period 393.60	
Purpose of Disbursement PRINTING		Category/ Type	Transaction ID : SB17.I7340	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. BRUBAKER, JOEL, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2021		
Mailing Address 5130 N 28TH ST					
City ARLINGTON	State VA	Zip Code 22207	FEC Identification Number C		
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	Amount of Each Disbursement this Period 2466.00		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I7355 <input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. BSB SOLUTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2021		
Mailing Address 3538 SOUTH WAKEFIELD STREET					
City ARLINGTON	State VA	Zip Code 22206	FEC Identification Number C		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Amount of Each Disbursement this Period 2500.00		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I7354 <input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2021		
Mailing Address 1776 WILSON BLVD					
City ARLINGTON	State VA	Zip Code 20009	FEC Identification Number C		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Amount of Each Disbursement this Period 78.43		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I8379 <input type="checkbox"/> Memo Item		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5044.43
<b>TOTAL</b> This Period (last page this line number only).....▶	5044.43

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. GUSTO</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2021	
Mailing Address 1201 16TH ST S			FEC Identification Number C	
City DENVER	State CO	Zip Code 80202	Amount of Each Disbursement this Period 50.29	
Purpose of Disbursement PAYROLL SVC		Category/ Type	Transaction ID : SB17.I8396	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2021	
Mailing Address 7704 LEESBURG PIKE			FEC Identification Number C	
City FALLS CHURCH	State VA	Zip Code 22043	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement DATABASE SERVICES		Category/ Type	Transaction ID : SB17.I8399	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SOUTH HILLS PROPERTIES</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2021	
Mailing Address PO BOX 6667			FEC Identification Number C	
City CHARLESTON	State WV	Zip Code 25362	Amount of Each Disbursement this Period 4120.00	
Purpose of Disbursement OFFICE RENT		Category/ Type	Transaction ID : SB17.I7369	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5070.29
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. SAZERAC COMPANY, INC. PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2021	
Mailing Address 507 C STREET NE			FEC Identification Number C C00639138	
City WASHINGTON	State DC	Zip Code 20002-5809	Amount of Each Disbursement this Period 500.96	
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/Type	Transaction ID : SB17.74215	
Candidate Name		Memo Item INKIND EVENT FOOD AND BEVERAGE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. APPALACHIAN POWER</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2021	
Mailing Address PO BOX 371496			FEC Identification Number C	
City PITTSBURGH	State PA	Zip Code 15250	Amount of Each Disbursement this Period 409.48	
Purpose of Disbursement OFFICE UTILITIES		Category/Type	Transaction ID : SB17.I8401	
Candidate Name		Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T BANKCARD CENTER</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2021	
Mailing Address P.O. BOX 580364			FEC Identification Number C	
City CHARLOTTE	State NC	Zip Code 28258-0340	Amount of Each Disbursement this Period 428.81	
Purpose of Disbursement CREDIT CARD PAYMENT		Category/Type	Transaction ID : SB17.I8402	
Candidate Name		Memo Item SEE BELOW SUB VENDORS REACHING ITEMIZATION		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1339.25
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

**A. ADT SECURITY**

Full Name (Last, First, Middle Initial)  
Mailing Address ONE TOWN CENTER RD

City BOCA RATON State FL Zip Code 33486

Purpose of Disbursement SECURITY SVC

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 19 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 107.56

Transaction ID : SB17.I8406

Memo Item

**B. AT&T**

Full Name (Last, First, Middle Initial)  
Mailing Address BOX 9001309

City LOUISVILLE State KY Zip Code 40290

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 19 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 234.50

Transaction ID : SB17.I8403

Memo Item

**C. US SENATE STATIONERY**

Full Name (Last, First, Middle Initial)  
Mailing Address HART SENATE OFFICE BUILDING

City WASHINGTON State DC Zip Code 20510

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 19 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 65.60

Transaction ID : SB17.I8404

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2021
Mailing Address 1776 WILSON BLVD		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 20009
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Amount of Each Disbursement this Period 433.60
Candidate Name		Transaction ID : SB17.I8380
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BRUBAKER, JOEL, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2021
Mailing Address 5130 N 28TH ST		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22207
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Amount of Each Disbursement this Period 2446.00
Candidate Name		Transaction ID : SB17.I8381
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BSB SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2021
Mailing Address 3538 SOUTH WAKEFIELD STREET		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : SB17.I8382
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5379.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 36		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. STATE FARM</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2021
Mailing Address ONE STATE FARM PLAZA		FEC Identification Number C
City BLOOMINGTON	State IL	Zip Code 61710
Purpose of Disbursement OFFICE INSURANCE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 463.64	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I8388
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2021
Mailing Address 1776 WILSON BLVD		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 20009
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 40.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I8408
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	503.84
<b>TOTAL</b> This Period (last page this line number only).....▶	35771.56

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 36	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Capito for West Virginia**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2021
Mailing Address 425 2ND ST NE		FEC Identification Number C C00027466
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement TRANSFER		Amount of Each Disbursement this Period 50000.00
Candidate Name		Transaction ID : SB21.18409
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	50000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	50000.00