

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS  
16 JUL 18 PM 2:17  
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. **12FE4M5**  
Capito For West Virginia

ADDRESS (number and street) P.O. Box 11519  
Check if different than previously reported. (ACC) Charleston WV 25339

2. **FEC IDENTIFICATION NUMBER** ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C 00539825 3. IS THIS REPORT  NEW (N) OR  AMENDED (A) WV

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 MM / DD / YYYY in the State of

(c) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY  
04 / 01 / 2016 through 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Reed Spangler  
Signature of Treasurer Mr. Reed Spangler *Reed Spangler* Date 07 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.  
Office Use Only  
**FEC FORM 3**  
(Revised 02/2003)

201607200200261141

**SUMMARY PAGE**  
of Receipts and Disbursements

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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	35025.00	91932.00
(b) Total Contribution Refunds (from Line 20(d)) ..	.00	15300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	35025.00	76632.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	22433.24	743709.20
(b) Total Offsets to Operating Expenditures (from Line 14)...	59.15	12414.02
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	22374.09	731295.18
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	488023.67	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>	.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>	.00	

**For further information contact:**

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

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

201607200200261142

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 42

Write or Type Committee Name  
**Capito For West Virginia**

Report Covering the Period: From: **MM / DD / YYYY** **04 / 01 / 2016** To: **MM / DD / YYYY** **06 / 30 / 2016**

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)...	1950.00	15600.00
(ii) Unitemized.....	75.00	582.00
(iii) TOTAL of contributions from individuals .	2025.00	16182.00
(b) Political Party Committees...	.00	.00
(c) Other Political Committees (such as PACs)...	33000.00	75750.00
(d) The Candidate.....	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	35025.00	91932.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	.00	8942.87
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	.00	.00
(b) All Other Loans...	.00	.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	.00	.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	59.15	12414.02
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	56.48	21960.07
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	35140.63	135248.96

201607200200261143

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	22433.24	743709.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	.00	.00
(b) Of All Other Loans .....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	.00	10400.00
(b) Political Party Committees...	.00	.00
(c) Other Political Committees (such as PACs)...	.00	4900.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	.00	15300.00
21. OTHER DISBURSEMENTS ...	7000.00	29500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	29433.24	788509.20

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	482316.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	35140.63
25. SUBTOTAL (add Line 23 and Line 24)...	517456.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	29433.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	488023.67

201607200200261144

**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 42  
(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)  
**Mr. C Michael Fulton**

Mailing Address 10005 East

City Kensington State MD Zip Code 20895

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

Name of Employer Asher Agency Occupation Government Relations

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 200.00

Date of Receipt 06 / 15 / 2016  
Transaction ID : SA11AI-CN51559

Amount of Each Receipt this Period 200.00  
 Memo Item

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

Mailing Address 52 Lexus Dr

City Hurricane State WV Zip Code 25526

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

Name of Employer Best Home Medical Occupation Owner

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt 05 / 16 / 2016  
Transaction ID : SA11AI-CN51587

Amount of Each Receipt this Period 250.00  
 Memo Item

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

Mailing Address 1030 15th St NW  
Apt 590 West

City Washington State DC Zip Code 20005

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

Name of Employer McAllister & Quinn Occupation Partner

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt 06 / 23 / 2016  
Transaction ID : SA11AI-CN51566

Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 1450.00

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

201607200200261145

**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 6 OF 42
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input 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)  
**Ms. Marsha Simon**

Mailing Address **3500 Tilden St**

City **Washington** State **DC** Zip Code **20008**

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

Name of Employer **MU Simon And Co** Occupation **President**

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2016**

Transaction ID : **SA11AI-CN51590**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**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

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

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

**500.00**

**1950.00**

201607200200261146

**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 42  
(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)  
**American Concrete Pipe Association Pac**

Mailing Address 1303 W Walnut Hill Lane Ste 305

City Irving State TX Zip Code 75038

FEC ID number of contributing federal political committee. **C** C00425686

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : SA11C-CN51567

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**American Council Of Life Insurers PAC**

Mailing Address 101 Constitution Ave NW Ste 700

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00147066

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SA11C-CN51582

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 1300 Morris Drive Ste 100

City Chesterbrook State PA Zip Code 19087

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2016

Transaction ID : SA11C-CN51564

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

4500.00

201607200200261147

**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 8 OF 42			
	<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)  
**Arch-Pac**

Mailing Address **City Pl One  
Suite 300**

City **St Louis** State **MO** Zip Code **63141**

FEC ID number of contributing federal political committee. **C C00167668**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 15 / 2016**

Transaction ID : **SA11C-CN51561**

Amount of Each Receipt this Period  
**1500.00**

Memo Item

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

Mailing Address **50 Beale St**

City **San Francisco** State **CA** Zip Code **94105**

FEC ID number of contributing federal political committee. **C C00103697**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 15 / 2016**

Transaction ID : **SA11C-CN51563**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

Mailing Address **101 Constitution Ave NW  
Suite 500 East**

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00109819**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 15 / 2016**

Transaction ID : **SA11C-CN51560**

Amount of Each Receipt this Period  
**2000.00**

Memo Item

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

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

**4500.00**

201607200200261148



**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 9 OF 42
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 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)  
**Computer Sciences Corp Pac**

Mailing Address 3170 Fairview Park Drive

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00131383

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : SA11C-CN51570

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 900 Spring St

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C** C00114025

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : SA11C-CN51573

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dow Chemical Co. Employees PAC**

Mailing Address 2030 Dow Center

City Midland State MI Zip Code 48674

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2016

Transaction ID : SA11C-CN51565

Amount of Each Receipt this Period  
5000.00

Memo Item

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

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

7000.00

201607200200261149

**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 42			
	<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)  
**Friends Of 340B PAC**

Mailing Address 2716 Franklin Ct

City Alexandria State VA Zip Code 22302

FEC ID number of contributing federal political committee. **C** C00547844

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 MM / DD / YYYY  
 06 / 23 / 2016

Transaction ID : SA11C-CN51569

Amount of Each Receipt this Period  
 1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Institute Of Makers Of Explosive PAC**

Mailing Address 1120 19th St NW Ste 310

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00135590

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 MM / DD / YYYY  
 06 / 30 / 2016

Transaction ID : SA11C-CN51575

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**National Roofing Contractors Assn PAC**

Mailing Address 10255 Higgins Road No 600 W

City Rosemont State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 MM / DD / YYYY  
 06 / 23 / 2016

Transaction ID : SA11C-CN51572

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

3500.00

201607200200261150

**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 11 OF 42			
	<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**

Full Name (Last, First, Middle Initial) <b>National Telecommunications Cooperative Assoc Pac</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 4121 Wilson Blvd Ste 1000		Transaction ID : SA11C-CN51579
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. <b>C</b> C00004473	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Owner Operator Independent Drivers Assoc Pac</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2016
Mailing Address PO Box 1000		Transaction ID : SA11C-CN51568
City Grain Valley	State MO	Zip Code 64029
FEC ID number of contributing federal political committee. <b>C</b> C00236778	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>Pacific Life Insurance Company PAC</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 700 Newport Center Drive		Transaction ID : SA11C-CN51578
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. <b>C</b> C00068528	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	

201607200200261151

**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 12 OF 42			
	<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. Renal Physicians Association PAC**

Full Name (Last, First, Middle Initial)  
Renal Physicians Association PAC

Mailing Address 1700 Rockville Pike  
Suite 220

City Rockville State MD Zip Code 20852

FEC ID number of contributing federal political committee. **C** C00409391

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : SA11C-CN51558

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Resolute Forest Products PAC**

Full Name (Last, First, Middle Initial)  
Resolute Forest Products PAC

Mailing Address 3502 Regents Park Ct

City Arlington State TX Zip Code 76017

FEC ID number of contributing federal political committee. **C** C00350884

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : SA11C-CN51562

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Safari Club Internat Pac**

Full Name (Last, First, Middle Initial)  
Safari Club Internat Pac

Mailing Address 4800 Gates Pass Rd W

City Tucson State AZ Zip Code 85745

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SA11C-CN51580

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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

4000.00

201607200200261152

**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 13 OF 42			
	<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)  
**T-Mobile Pac**

Mailing Address **601 Pennsylvania Ave NE Ste 800N**

City **Washington** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00361758**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 30 / 2016**

Transaction ID : **SA11C-CN51581**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Teachers Insurance Annuity Association of America**

Mailing Address **601 Thirteenth St NW Ste 700 North**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00431361**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 30 / 2016**

Transaction ID : **SA11C-CN51577**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

Mailing Address **1828 L St N.W Suite 705**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00012914**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 23 / 2016**

Transaction ID : **SA11C-CN51571**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**3000.00**

201607200200261153

**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 14 OF 42			
	<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**

Full Name (Last, First, Middle Initial)  
**United Mine Workers Of America**

Mailing Address **18354 Quantico Gateway Dr #200**

City State Zip Code  
**Triangle VA 22172**

FEC ID number of contributing federal political committee. **C C00489203**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2016**  
 Transaction ID : SA11C-CN51574

Amount of Each Receipt this Period  
**1000.00**  
 Memo Item

Full Name (Last, First, Middle Initial)  
**American Public Power Association**

Mailing Address **2451 Crystal Drive Ste 1000**

City State Zip Code  
**Arlington VA 22202**

FEC ID number of contributing federal political committee. **C C00161570**

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2016**  
 Transaction ID : SA11C-CN51576

Amount of Each Receipt this Period  
**1000.00**  
 Memo Item

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

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

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

**2000.00**  
**33000.00**

201607200200261154

**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 15 OF 42
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Federal Express</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2016	
A. Mailing Address <b>Box 1140</b>		Transaction ID : SA14-ER132	
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38101</b>	Amount of Each Receipt this Period 59.15
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <input type="checkbox"/> Expenditure Refund	
Name of Employer	Occupation	Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 363.29			

Full Name (Last, First, Middle Initial)		Date of Receipt	
B. Mailing Address		MM / DD / YYYY	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date			

Full Name (Last, First, Middle Initial)		Date of Receipt	
C. Mailing Address		MM / DD / YYYY	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer	Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date			

SUBTOTAL of Receipts This Page (optional).....	59.15
TOTAL This Period (last page this line number only).....	59.15

201607200200261155

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

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

FOR LINE NUMBER: PAGE 16 OF 42  
(check only one)

<input 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 checked="" type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
**BB&T**

Mailing Address 300 Summers Street

City Charleston State WV Zip Code 25301

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

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
922.79

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2016

Transaction ID : SA15-RC599

Amount of Each Receipt this Period  
19.20

Memo Item Interest Earned

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

Mailing Address 300 Summers Street

City Charleston State WV Zip Code 25301

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

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
941.79

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2016

Transaction ID : SA15-RC600

Amount of Each Receipt this Period  
19.00

Memo Item Interest Earned

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

Mailing Address 300 Summers Street

City Charleston State WV Zip Code 25301

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

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
960.07

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SA15-RC601

Amount of Each Receipt this Period  
18.28

Memo Item Interest Earned

SUBTOTAL of Receipts This Page (optional).....	56.48
TOTAL This Period (last page this line number only).....	56.48

201607200200261156



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

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

FOR LINE NUMBER: PAGE 17 OF 42  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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

**A. Charles Capito Jr.**

Full Name (Last, First, Middle Initial)  
Mailing Address Two Comstock Place

City Charleston State WV Zip Code 25314

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 02 / 2016

Amount of Each Disbursement this Period  
500.70

Memo Item

Transaction ID : SB17-EX17214  
REIMBURSEMENT: SEE BELOW

**B. American Airline**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 619612

City Dallas State TX Zip Code 75261

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 02 / 2016

Amount of Each Disbursement this Period  
500.70

Memo Item

Transaction ID : SB17-EX17215

**C. Charles Capito Jr.**

Full Name (Last, First, Middle Initial)  
Mailing Address Two Comstock Place

City Charleston State WV Zip Code 25314

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 12 / 2016

Amount of Each Disbursement this Period  
80.00

Memo Item

Transaction ID : SB17-EX17228  
REIMBURSEMENT: SEE BELOW

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

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

580.70

201607200200261157

**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 18 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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

Full Name (Last, First, Middle Initial) <b>A. Park N Fly</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016	
Mailing Address 2060 Mount Paran Road		Amount of Each Disbursement this Period 80.00	
City Atlanta	State GA	Zip Code 30327	Category/ Type 002
Purpose of Disbursement Parking		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Memo Item <input checked="" type="checkbox"/>
State: District:	Transaction ID : SB17-EX17229		

Full Name (Last, First, Middle Initial) <b>B. Charles Capito Jr.</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016	
Mailing Address Two Comstock Place		Amount of Each Disbursement this Period 178.27	
City Charleston	State WV	Zip Code 25314	Category/ Type 002
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Memo Item <input type="checkbox"/>
State: District:	Transaction ID : SB17-EX17230 REIMBURSEMENT: SEE BELOW		

Full Name (Last, First, Middle Initial) <b>C. Hertz</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016	
Mailing Address Yeager Airport		Amount of Each Disbursement this Period 178.27	
City Charleston	State WV	Zip Code 25339	Category/ Type 002
Purpose of Disbursement Car Rental		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Memo Item <input checked="" type="checkbox"/>
State: District:	Transaction ID : SB17-EX17231		

SUBTOTAL of Disbursements This Page (optional).....	178.27
TOTAL This Period (last page this line number only).....	

201607200200261158

**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)

<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. Brickstreet Insurance Co</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address PO Box 11285		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Memo Item
City Charleston	State WV	
Zip Code 25339	Purpose of Disbursement Workers Comp Insurance	Transaction ID : <b>SB17-EX17212</b> Workers Comp Insurance
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period 2052.45 <input type="checkbox"/> Memo Item
City Warrenton	State VA	
Zip Code 20186	Purpose of Disbursement PAYMENT: SEE BELOW	Transaction ID : <b>SB17-EX17238</b> PAYMENT: SEE BELOW
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEC Financial Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period 2050.00 <input checked="" type="checkbox"/> Memo Item
City Warrenton	State VA	
Zip Code 20186	Purpose of Disbursement Accounting Services	Transaction ID : <b>SB17-EX17239</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional) .....	2057.45
TOTAL This Period (last page this line number only) .....	

201607200200261159

**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 42			
	<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. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2016
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period 2.45
City Warrenton	State VA	
Purpose of Disbursement Postage Reimbursement	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17-EX17240	

Full Name (Last, First, Middle Initial) <b>B. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period 1552.22
City Warrenton	State VA	
Purpose of Disbursement PAYMENT: SEE BELOW	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17-EX17216 PAYMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>C. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period 1500.00
City Warrenton	State VA	
Purpose of Disbursement Accounting Services	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : SB17-EX17217	

SUBTOTAL of Disbursements This Page (optional) .....	1552.22
TOTAL This Period (last page this line number only) .....	

201607200200261160

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

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

FOR LINE NUMBER: PAGE 21 OF 42  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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

**A. FEC Financial Inc.**

Full Name (Last, First, Middle Initial)  
 Mailing Address 332 W Lee Highway # 303

City Warrenton State VA Zip Code 20186

Purpose of Disbursement Postage Reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 05 / 02 / 2016

Amount of Each Disbursement this Period: 2.45

Memo Item

Transaction ID : SB17-EX17218

Category/Type: 001

**B. Federal Express**

Full Name (Last, First, Middle Initial)  
 Mailing Address Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement Delivery

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 05 / 02 / 2016

Amount of Each Disbursement this Period: 49.77

Memo Item

Transaction ID : SB17-EX17219

Category/Type: 001

**C. FEC Financial Inc.**

Full Name (Last, First, Middle Initial)  
 Mailing Address 332 W Lee Highway # 303

City Warrenton State VA Zip Code 20186

Purpose of Disbursement PAYMENT: SEE BELOW

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2016

Amount of Each Disbursement this Period: 1502.94

Memo Item

Transaction ID : SB17-EX17235  
 PAYMENT: SEE BELOW

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 1502.94

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

201607200200261161

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period 1500.00
City Warrenton	State VA	
Purpose of Disbursement Accounting Services	Zip Code 20186	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX17236
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEC Financial Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 332 W Lee Highway # 303		Amount of Each Disbursement this Period 2.94
City Warrenton	State VA	
Purpose of Disbursement Postage Reimbursement	Zip Code 20186	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX17237
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Vanco Services</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2016
Mailing Address 12600 Whitewater Dr Ste 200		Amount of Each Disbursement this Period 23.95
City Minnetonka	State MN	
Purpose of Disbursement Credit Card Service Fee	Zip Code 55343	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX17241 Credit Card Service Fee
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	23.95
TOTAL This Period (last page this line number only).....	

201607200200261162

**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 42	
	<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. Auge+Gray**

Full Name (Last, First, Middle Initial)

Mailing Address 210 Brooks Street Suite 301

City Charleston State WV Zip Code 25301

Purpose of Disbursement Creative Design

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 15 / 2016

Amount of Each Disbursement this Period: 1975.00

Memo Item

Transaction ID : SB17-EX17253  
Creative Design

**B. Targeted Victory.**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2187

City Arlington State VA Zip Code 22202

Purpose of Disbursement Credit Card Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 02 / 2016

Amount of Each Disbursement this Period: 1.78

Memo Item

Transaction ID : SB17-EX17282  
Credit Card Processing

**C. Targeted Victory**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2187

City Arlington State VA Zip Code 22202

Purpose of Disbursement Credit Card Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 18 / 2016

Amount of Each Disbursement this Period: 17.75

Memo Item

Transaction ID : SB17-EX17283  
Credit Card Processing

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

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

1994.53

201607200200261163

**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 42	
	<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. Targeted Victory</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016	
Mailing Address PO Box 2187		Amount of Each Disbursement this Period 1.78	
City Arlington	State VA	Zip Code 22202	Category/ Type 001
Purpose of Disbursement Credit Card Processing		Memo Item <input type="checkbox"/>	
Candidate Name		Transaction ID : SB17-EX17284 Credit Card Processing	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016	
Mailing Address PO Box 2187		Amount of Each Disbursement this Period 1.78	
City Arlington	State VA	Zip Code 22202	Category/ Type 001
Purpose of Disbursement Credit Card Processing		Memo Item <input type="checkbox"/>	
Candidate Name		Transaction ID : SB17-EX17285 Credit Card Processing	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address PO Box 2187		Amount of Each Disbursement this Period 35.50	
City Arlington	State VA	Zip Code 22202	Category/ Type 001
Purpose of Disbursement Credit Card Processing		Memo Item <input type="checkbox"/>	
Candidate Name		Transaction ID : SB17-EX17286 Credit Card Processing	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	39.06
TOTAL This Period (last page this line number only) .....	

201607200200261164



**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 42			
	<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 Financial</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016	
Mailing Address PO Box 580340		Amount of Each Disbursement this Period 2623.95	
City Charlotte	State NC	Zip Code 28258	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17-EX17266</b> CREDIT CARD PAYMENT: SEE BELOW
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		Category/ Type 001	
Candidate Name		Disbursement For: 2020	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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 MM / DD / YYYY 05 / 06 / 2016	
Mailing Address P.O. Box 8212		Amount of Each Disbursement this Period 238.79	
City Aurora	State IL	Zip Code 60572	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17-EX17256</b> Telephone Expense
Purpose of Disbursement Telephone Expense		Category/ Type 001	
Candidate Name		Disbursement For: 2020	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Movin On Storage Center</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016	
Mailing Address 200 Piedmont Rd		Amount of Each Disbursement this Period 167.00	
City Charleston	State WV	Zip Code 25301	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17-EX17257</b> Storage
Purpose of Disbursement Storage		Category/ Type 001	
Candidate Name		Disbursement For: 2020	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2623.95
<b>TOTAL</b> This Period (last page this line number only).....	

201607200200261165

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

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

FOR LINE NUMBER: PAGE 26 OF 42  
 17     18     19a     19b  
 20a     20b     20c     21

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

**A. US Senate Photo Service**

Full Name (Last, First, Middle Initial)  
Mailing Address: United States Capitol Room S-151  
City: Washington State: DC Zip Code: 20510  
Purpose of Disbursement: Photography  
Candidate Name: \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) Primay 2020  
State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: MM / DD / YYYY  
05 / 06 / 2016

Amount of Each Disbursement this Period: 15.55  
 Memo Item  
 Transaction ID : SB17-EX17258  
 Photography

**B. Holl's Chocolates Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address: 2001 Grand Central Ave  
City: Vienna State: WV Zip Code: 26105  
Purpose of Disbursement: Host Gifts  
Candidate Name: \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) Primay 2020  
State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: MM / DD / YYYY  
05 / 06 / 2016

Amount of Each Disbursement this Period: 210.00  
 Memo Item  
 Transaction ID : SB17-EX17259  
 Host Gifts

**c. US Senate Gift Shop**

Full Name (Last, First, Middle Initial)  
Mailing Address: Dirksen Senate Office Building  
City: Washington State: DC Zip Code: 20510  
Purpose of Disbursement: Host Gifts  
Candidate Name: \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) Primay 2020  
State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: MM / DD / YYYY  
05 / 06 / 2016

Amount of Each Disbursement this Period: 19.00  
 Memo Item  
 Transaction ID : SB17-EX17260  
 Host Gifts

SUBTOTAL of Disbursements This Page (optional) ..... 0.00  
 TOTAL This Period (last page this line number only) .....

201607200200261166

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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

**A. Figarettis Restaurant**

Full Name (Last, First, Middle Initial)  
Mailing Address 1035 Mt De Chantal Rd

City Wheeling State WV Zip Code 26003

Purpose of Disbursement Food and Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify) Primay 2020

State: District:

Date of Disbursement MM / DD / YYYY  
05 / 06 / 2016

Amount of Each Disbursement this Period  
315.00

Memo Item

Transaction ID : SB17-EX17261  
Food and Beverage

Category/ Type 007

**B. Chick Fil A**

Full Name (Last, First, Middle Initial)  
Mailing Address 5200 Buffington Rd

City Atlanta State GA Zip Code 30349

Purpose of Disbursement Food and Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify) Primay 2020

State: District:

Date of Disbursement MM / DD / YYYY  
05 / 06 / 2016

Amount of Each Disbursement this Period  
114.36

Memo Item

Transaction ID : SB17-EX17262  
Food and Beverage

Category/ Type 007

**C. Restaurant Associates**

Full Name (Last, First, Middle Initial)  
Mailing Address 132 West 31st St Ste 601

City New York State NY Zip Code 10001

Purpose of Disbursement Food and Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify) Primay 2020

State: District:

Date of Disbursement MM / DD / YYYY  
05 / 06 / 2016

Amount of Each Disbursement this Period  
836.00

Memo Item

Transaction ID : SB17-EX17263  
Food and Beverage

Category/ Type 007

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

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

0.00

201607200200261167

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. The Greenbrier</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 300 West Main Street		Amount of Each Disbursement this Period 3438.27 <input checked="" type="checkbox"/> Memo Item
City White Sulphur Springs	State WV	
Zip Code 24986	Purpose of Disbursement Food and Beverage	Transaction ID : SB17-EX17264 Food and Beverage
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cornfed's Smokehouse &amp; Grill</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2016
Mailing Address 302 11th St		Amount of Each Disbursement this Period 50.83 <input checked="" type="checkbox"/> Memo Item
City Point Pleasant	State WV	
Zip Code 25550	Purpose of Disbursement Food and Beverage	Transaction ID : SB17-EX17265 Food and Beverage
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T Financial</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016
Mailing Address PO Box 580340		Amount of Each Disbursement this Period 3438.27 <input type="checkbox"/> Memo Item
City Charlotte	State NC	
Zip Code 28258	Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW	Transaction ID : SB17-EX17281 CREDIT CARD PAYMENT: SEE BELOW
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3438.27
TOTAL This Period (last page this line number only).....	

201607200200261168

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016
Mailing Address P.O. Box 8212		Amount of Each Disbursement this Period 249.58 <input checked="" type="checkbox"/> Memo Item
City Aurora	State IL	
Purpose of Disbursement Telephone Expense		Transaction ID : SB17-EX17267 Telephone Expense
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Kroger</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016
Mailing Address MacCorkle Ave.		Amount of Each Disbursement this Period 270.73 <input checked="" type="checkbox"/> Memo Item
City South Charleston	State WV	
Purpose of Disbursement Food and Beverage		Transaction ID : SB17-EX17268 Food and Beverage
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Movin On Storage Center</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016
Mailing Address 200 Piedmont Rd		Amount of Each Disbursement this Period 167.00 <input checked="" type="checkbox"/> Memo Item
City Charleston	State WV	
Purpose of Disbursement Storage		Transaction ID : SB17-EX17269 Storage
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201607200200261169

**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)

<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 MM / DD / YYYY 06 / 17 / 2016	
Mailing Address <b>Dirksen Senate Office Building</b>		Amount of Each Disbursement this Period 250.00	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20510</b>	Category/ Type <b>007</b>
Purpose of Disbursement <b>Host Gifts</b>		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primay 2020</b>
State:	District:	Transaction ID : <b>SB17-EX17270</b> Host Gifts	

Full Name (Last, First, Middle Initial) <b>B. We The Pizza</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016	
Mailing Address <b>305 Pennsylvania Ave SE</b>		Amount of Each Disbursement this Period 89.91	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>	Category/ Type <b>001</b>
Purpose of Disbursement <b>Food and Beverage</b>		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primay 2020</b>
State:	District:	Transaction ID : <b>SB17-EX17272</b> Food and Beverage	

Full Name (Last, First, Middle Initial) <b>C. American Airline</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016	
Mailing Address <b>PO Box 619612</b>		Amount of Each Disbursement this Period 1406.11	
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75261</b>	Category/ Type <b>002</b>
Purpose of Disbursement <b>Airfare</b>		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primay 2020</b>
State:	District:	Transaction ID : <b>SB17-EX17273</b> Airfare	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201607200200261170

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. Gandel's</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016	
Mailing Address <b>211 Pennsylvania Ave SE</b>		Amount of Each Disbursement this Period 51.71	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>	Category/ Type <b>001</b>
Purpose of Disbursement <b>Food and Beverage</b>		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primay 2020</b>
State: District:		Transaction ID : <b>SB17-EX17274</b> Food and Beverage	

Full Name (Last, First, Middle Initial) <b>B. District Doughnut</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016	
Mailing Address <b>749 8th St SE</b>		Amount of Each Disbursement this Period 45.00	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>	Category/ Type <b>001</b>
Purpose of Disbursement <b>Food and Beverage</b>		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primay 2020</b>
State: District:		Transaction ID : <b>SB17-EX17275</b> Food and Beverage	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016	
Mailing Address <b>1002 Lee St.</b>		Amount of Each Disbursement this Period 6.23	
City <b>Charleston</b>	State <b>WV</b>	Zip Code <b>25301</b>	Category/ Type <b>001</b>
Purpose of Disbursement <b>Postage</b>		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primay 2020</b>
State: District:		Transaction ID : <b>SB17-EX17276</b> Postage	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

201607200200261171

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. Yeager Airport</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016
Mailing Address 100 Airport Rd		Amount of Each Disbursement this Period \$ 50.00
City Charleston	State WV Zip Code 25311	
Purpose of Disbursement Parking	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	Transaction ID : SB17-EX17277 Parking
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016
Mailing Address 800 Market St		Amount of Each Disbursement this Period \$ 22.20
City San Francisco	State CA Zip Code 94102	
Purpose of Disbursement Taxi Fare	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	Transaction ID : SB17-EX17278 Taxi Fare
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Union Station Parking</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016
Mailing Address 50 Massachusetts Ave. NE		Amount of Each Disbursement this Period \$ 4.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Parking	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	Transaction ID : SB17-EX17279 Parking
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 0.00
TOTAL This Period (last page this line number only).....	

201607200200261172



**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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

Full Name (Last, First, Middle Initial) <b>A. United Air</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016	
Mailing Address <b>Yeager Airport</b>		Amount of Each Disbursement this Period 825.80	
City <b>Charleston</b>	State <b>WV</b>	Zip Code <b>25311</b>	Category/ Type <b>002</b>
Purpose of Disbursement <b>Airfare</b>		<input checked="" type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : <b>SB17-EX17280</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primay 2020</b>		
State: District:	Airfare		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016	
Mailing Address <b>3960 Stillman Parkway</b>		Amount of Each Disbursement this Period 887.60	
City <b>Glen Allen</b>	State <b>VA</b>	Zip Code <b>25060</b>	Category/ Type <b>001</b>
Purpose of Disbursement <b>PAYROLL: SEE BELOW</b>		<input type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : <b>SB17-EX17244</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	PAYROLL: SEE BELOW		

Full Name (Last, First, Middle Initial) <b>c. Rebecca Trump</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016	
Mailing Address <b>223 Eagle Run</b>		Amount of Each Disbursement this Period 724.80	
City <b>Morgantown</b>	State <b>WV</b>	Zip Code <b>26505</b>	Category/ Type <b>001</b>
Purpose of Disbursement <b>Net Salary</b>		<input checked="" type="checkbox"/> Memo Item	
Candidate Name		Transaction ID : <b>SB17-EX17242</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>Primay 2020</b>		
State: District:	Net Salary		

SUBTOTAL of Disbursements This Page (optional).....	887.60
TOTAL This Period (last page this line number only).....	

201607200200261173

**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 42

<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. Paychex</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 162.80 <input checked="" type="checkbox"/> Memo Item
City Glen Allen	State VA	
Purpose of Disbursement Withholding Taxes		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020	
State:	District:	Transaction ID : SB17-EX17243 Withholding Taxes

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 106.61 <input type="checkbox"/> Memo Item
City Glen Allen	State VA	
Purpose of Disbursement Payroll Service Fee		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Transaction ID : SB17-EX17245 Payroll Service Fee

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 887.60 <input type="checkbox"/> Memo Item
City Glen Allen	State VA	
Purpose of Disbursement PAYROLL: SEE BELOW		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Transaction ID : SB17-EX17248 PAYROLL: SEE BELOW

SUBTOTAL of Disbursements This Page (optional).....	994.21
TOTAL This Period (last page this line number only).....	

201607200200261174

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

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

FOR LINE NUMBER: PAGE 35 OF 42  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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

**A. Rebecca Trump**

Full Name (Last, First, Middle Initial)  
Mailing Address 223 Eagle Run

City Morgantown State WV Zip Code 26505

Purpose of Disbursement Net Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify) Primay 2020

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 31 / 2016

Amount of Each Disbursement this Period  
724.80

Memo Item

Transaction ID : SB17-EX17246  
Net Salary

**B. Paychex**

Full Name (Last, First, Middle Initial)  
Mailing Address 3960 Stillman Parkway

City Glen Allen State VA Zip Code 25060

Purpose of Disbursement Withholding Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify) Primay 2020

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 31 / 2016

Amount of Each Disbursement this Period  
162.80

Memo Item

Transaction ID : SB17-EX17247  
Withholding Taxes

**C. Paychex**

Full Name (Last, First, Middle Initial)  
Mailing Address 3960 Stillman Parkway

City Glen Allen State VA Zip Code 25060

Purpose of Disbursement Payroll Service Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 31 / 2016

Amount of Each Disbursement this Period  
100.61

Memo Item

Transaction ID : SB17-EX17249  
Payroll Service Fee

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

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

100.61

201607200200261175

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 887.60	
City Glen Allen	State VA	Zip Code 25060	Memo Item <input type="checkbox"/>
Purpose of Disbursement PAYROLL: SEE BELOW		Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX17252 PAYROLL: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Rebecca Trump</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address 223 Eagle Run		Amount of Each Disbursement this Period 724.80	
City Morgantown	State WV	Zip Code 26505	Memo Item <input checked="" type="checkbox"/>
Purpose of Disbursement Net Salary		Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX17250 Net Salary	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address 3960 Stillman Parkway		Amount of Each Disbursement this Period 162.80	
City Glen Allen	State VA	Zip Code 25060	Memo Item <input checked="" type="checkbox"/>
Purpose of Disbursement Withholding Taxes		Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX17251 Withholding Taxes	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primay 2020		
State:	District:		

SUBTOTAL of Disbursements This Page (optional) .....	887.60
TOTAL This Period (last page this line number only) .....	

201607200200261176

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

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

FOR LINE NUMBER: PAGE 37 OF 42  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

**A. The Ripon Society**

Full Name (Last, First, Middle Initial)

Mailing Address 1155 15th St NW  
Ste 550

City Washington State DC Zip Code 20005

Purpose of Disbursement Event Tickets

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 12 / 2016

Amount of Each Disbursement this Period: 107.64

Memo Item

Transaction ID : SB17-EX17227  
Event Tickets

Category/Type: 007

**B. SalientPoint LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 960743

City Boston State MA Zip Code 02196

Purpose of Disbursement PAYMENT: SEE BELOW

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 04 / 2016

Amount of Each Disbursement this Period: 5119.20

Memo Item

Transaction ID : SB17-EX17221  
PAYMENT: SEE BELOW

Category/Type: 004

**C. SalientPoint LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 960743

City Boston State MA Zip Code 02196

Purpose of Disbursement Media Training

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 04 / 2016

Amount of Each Disbursement this Period: 4000.00

Memo Item

Transaction ID : SB17-EX17222

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional)..... 5226.84

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

201607200200261177

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

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

FOR LINE NUMBER: PAGE 38 OF 42  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Capito For West Virginia

**A. American Airline**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 619612

City Dallas State TX Zip Code 75261

Purpose of Disbursement Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 04 / 2016

Amount of Each Disbursement this Period: 700.20

Category/Type: 004

Memo Item

Transaction ID : SB17-EX17223

**B. Alaska Airlines**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 04 / 2016

Amount of Each Disbursement this Period: 300.00

Category/Type: 004

Memo Item

Transaction ID : SB17-EX17224

**C. SalientPoint LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 960743

City Boston State MA Zip Code 02196

Purpose of Disbursement Taxi Fare Reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 04 / 2016

Amount of Each Disbursement this Period: 90.00

Category/Type: 004

Memo Item

Transaction ID : SB17-EX17225

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

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

0.00

201607200200261178

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. SalientPoint LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address PO Box 960743		Amount of Each Disbursement this Period 29.00
City Boston State MA Zip Code 02196	Category/Type 004	
Purpose of Disbursement Parking Reimbursement	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17-EX17226
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	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 MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	22088.20

201607200200261179

**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)  
 17     18     19a     19b  
 20a     20b     20c     21

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

**A. Moore For WV**

Full Name (Last, First, Middle Initial)  
Moore For WV

Mailing Address 398 Stafford Ln

City Harpers Ferry State WV Zip Code 25425

Purpose of Disbursement Non-Federal Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 26 / 2016

Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item:

Transaction ID: SB21-EX17234  
Non-Federal Political Contribution

**B. Moore For WV**

Full Name (Last, First, Middle Initial)  
Moore For WV

Mailing Address 398 Stafford Ln

City Harpers Ferry State WV Zip Code 25425

Purpose of Disbursement Non-Federal Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 14 / 2016

Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item:

Transaction ID: SB21-EX17255  
Non-Federal Political Contribution

**C. Morrisey For Attorney General**

Full Name (Last, First, Middle Initial)  
Morrisey For Attorney General

Mailing Address 1419 Virginia St

City Charleston State WV Zip Code 25301

Purpose of Disbursement Non-Federal Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 17 / 2016

Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item:

Transaction ID: SB21-EX17232  
Non-Federal Political Contribution

SUBTOTAL of Disbursements This Page (optional)..... 3000.00

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

201607200200261180



**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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. Moore Capito For WV</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2016
Mailing Address PO Box 2788		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Charleston	State WV	
Zip Code 25330	Purpose of Disbursement Non-Federal Political Contribution	Transaction ID : <b>SB21-EX17233</b> Non-Federal Political Contribution
Candidate Name	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Cole</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2016
Mailing Address PO Box 2016		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Bluefield	State WV	
Zip Code 24701	Purpose of Disbursement Non-Federal Political Contribution	Transaction ID : <b>SB21-EX17210</b> Non-Federal Political Contribution
Candidate Name	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mac Warner For Secretary Of State</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2016
Mailing Address PO Box 18154		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Morgantown	State WV	
Zip Code 26507	Purpose of Disbursement Non-Federal Political Contribution	Transaction ID : <b>SB21-EX17213</b> Non-Federal Political Contribution
Candidate Name	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

201607200200261181

**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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. Mac Warner For Secretary Of State</b>		Date of Disbursement MM / DD / YYYY <b>06 / 15 / 2016</b>
Mailing Address <b>PO Box 18154</b>		Amount of Each Disbursement this Period \$ <b>1000.00</b> <input type="checkbox"/> Memo Item
City <b>Morgantown</b> State <b>WV</b> Zip Code <b>26507</b>	Category/Type <b>011</b>	
Purpose of Disbursement <b>Non-Federal Political Contribution</b>	Candidate Name	Transaction ID : <b>SB21-EX17254</b> Non-Federal Political Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period \$ <b>1000.00</b> <input type="checkbox"/> Memo Item
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB21-EX17254</b> Non-Federal Political Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <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 MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period \$ <b>1000.00</b> <input type="checkbox"/> Memo Item
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : <b>SB21-EX17254</b> Non-Federal Political Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ <b>1000.00</b>
TOTAL This Period (last page this line number only).....	\$ <b>7000.00</b>

201607200200261182



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UNITED STATES US

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# United States Senate

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USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

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

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<b>7/15/16</b>	<input checked="" type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

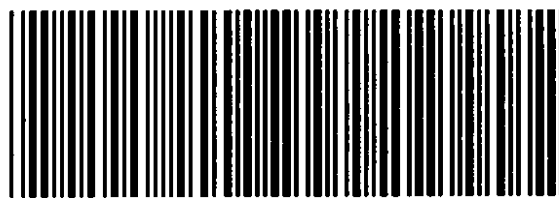
POSTMARK ILLEGIBLE  NO POSTMARK

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

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

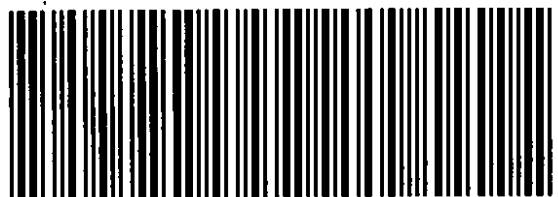
PREPARER **DH** DATE PREPARED **7-18-16**

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