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14 AUG -5 AM 10: 33

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Capito For West Virginia

ADDRESS (number and street) ▼ P.O. Box 11519

☐ Check if different than previously reported. (ACC)

CITY ▲ Charleston — STATE ▲ WV — ZIP CODE ▲ 25339 -

2. **FEC IDENTIFICATION NUMBER ▼** C C00539825

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

STATE ▼ WV — DISTRICT

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☒ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

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

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on _____ in the State of _____

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

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

Election on _____ in the State of _____

5. Covering Period 10 / 01 / 2013 through 12 / 31 / 2013

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 / 29 / 2014

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)

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