14 DEC 18 PM 11:38

Office Use Only

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For An Authorized Committee**

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 ▼ DISTRICT 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 YYY 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 07 / 01 / 2014 through 09 / 30 / 2014

*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 12 / 16 / 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)

FE5AN018

14021444225