

FEC FORM 2

STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) Ms. Shelley Moore Capito			2. Candidate's FEC Identification Number S4WW00159		
(b) Address (number and street) 2 Comstock Pl		<input type="checkbox"/> Check if address changed			
(c) City, State, and ZIP Code Charleston WV 25314			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate		6. State & District of Candidate WV	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).
 (year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Capito For West Virginia		
(b) Address (number and street) P.O. Box 11519		
(c) City, State, and ZIP Code Charleston WV 25339		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Capito Victory Committee		
(b) Address (number and street) 228 S Washington St Ste 115		
(c) City, State, and ZIP Code Alexandria VA 22314		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Ms. Shelley Moore Capito <i>Shelley Moore Capito</i>	Date 07/29/2014
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Fiscal Conservative Majority Fund

(b) Address (number and street)

228 S Washington St
Ste 115

(c) City, State and ZIP Code

Alexandria

VA

22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

2014 Senators Classic Committee

(b) Address (number and street)

228 S Washington Street
Suite 115

(c) City, State and ZIP Code

Alexandria

VA

22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Scott Capito Rounds Victory Fund

(b) Address (number and street)

901 N Washington St
Ste 700

(c) City, State and ZIP Code

Alexandria

VA

22314

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Founders Senate Candidate Committee

(b) Address (number and street)

288 S Washington St
Ste 115

(c) City, State and ZIP Code

Alexandria

VA

22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Winning Women for the US Senate

(b) Address (number and street)

228 S Washington St
Ste 115

(c) City, State and ZIP Code

Alexandria

VA

22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

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ANDY ERICKSON
SECRETARY

DANA K. MCALLUM
SUPERINTENDENT
MAIL DATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-71
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
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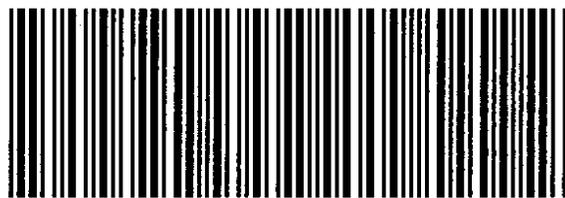
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