Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. West Virginia Bankers Association PAC 3601 MacCorkle Avenue, SE ADDRESS (number and street) Suite 100 (Check if address is changed) Charleston 25304 WV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS skessler@wvbankers.org (Check if address is changed) Optional Second E-Mail Address scline@wvbankers.org COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.wvbankers.org (Check if address is changed) DATE 2020 C00450072 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Cline, Sara, , , Type or Print Name of Treasurer Cline, Sara,,, [Electronically Filed] 09 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FF	C Form 1 (Revised 02/2009)	Page <b>2</b>
	OF COMMITTEE	1 age <b>2</b>
Candi	idate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name of Candida		
Candida Party A	ate Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party	Committee:	(D
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Committees Participating in Joint Fundraiser	
	1. FEC ID number	
	2. FEC ID number C	
	3. FEC ID number	
	4.	

FFC Form 1 (Deviced 6	22/2000)	Dana 2
FEC Form 1 (Revised C		Page <b>3</b>
	ankers Association PAC	
	Organization, Affiliated Committee, Joint Fundraising Representative,	or Loadorchin BAC Sponsor
-		or Leadership PAC Sponsor
American Bankers Ass	sociation (BankPAC)	
Moiling Address	1120 Connecticut Avenue	
Mailing Address	Suite 600	
	Washington DC	20036
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization 🗶 Affiliated Committee Joint Fundraising Representat	ive Leadership PAC Sponsor
<ul> <li>Custodian of Records: Iden books and records.</li> </ul>	tify by name, address (phone number optional) and position of the pe	rson in possession of committee
Kessler, St	hannon, , Ms,	
	3601 MacCorkle Avenue, SE	
Mailing Address	Suite 100	
	Charleston	25304
Title or Position	CITY STATE	ZIP CODE
	Telephone number	04 - 343 - 8838
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Cline, Sara of Treasurer	,,, 	
Mailing Address	3601 MacCorkle Avenue, SE	
Mailing Address	Suite 100	
	Charleston	25304
	CITY STATE	ZIP CODE
Title or Position CEO	Telephone number	04 - 343 - 8838

	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Kessler, Shannon, , ,	
Mailing Address	3601 MacCorkle Avenue, SE	
	Suite 100	
	Charleston WV 25304	
Title or Position	CITY STATE	ZIP CODE
lue of Fosition		343 - 8838
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holdoxes or maintains funds.	ds accounts, rents
Banks or Other safety deposit bo Name of Bank, I	oxes or maintains funds.	ds accounts, rents
safety deposit bo	oxes or maintains funds.	ds accounts, rents
safety deposit bo	Depository, etc.  BB&T  PO Box 1793	ds accounts, rents
safety deposit bo Name of Bank, I	Depository, etc.  BB&T  PO Box 1793	ds accounts, rents
safety deposit bo Name of Bank, I	Depository, etc.  BB&T  PO Box 1793	ds accounts, rents
safety deposit bo Name of Bank, I	Depository, etc.  BB&T  PO Box 1793	ds accounts, rents
safety deposit bo Name of Bank, I	Depository, etc.  BB&T  PO Box 1793  Charleston  WV 25326  CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  BB&T  PO Box 1793  Charleston  WV 25326  CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.    BB&T	
safety deposit bo Name of Bank, I  Mailing Address  Name of Bank, I	Depository, etc.    BB&T	
safety deposit bo Name of Bank, I  Mailing Address  Name of Bank, I	Depository, etc.    BB&T	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(a)	or(h). <b>Joint Fundraisin</b>	g Participant:		
O(9)	1		FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4		T LO ID Hullibel	0
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	3601 MacCorkle Avenue, SE		
		Suite 100		
		Charleston	l WV I	25304
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	X Connector		Fundraising Representa	
	Connected	J Organization Anniated Committee South	Turidialing Tiepresend	Leadership 1 AO Oponsor
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	Mailing Address			
	Mailing Address			
	ivialing Address			
		CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	•	STATE A	ZIP CODE A
		•	1	ZIP CODE <b>A</b>
9.	TITLE OR POSITION	Te ries: List all banks or other depositories in which the	lephone Number	
9.	TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or ma	Te ries: List all banks or other depositories in which the	lephone Number	
9.	Banks or Other Deposito safety deposit boxes or ma	Te vries: List all banks or other depositories in which taintains funds.	lephone Number	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which taintains funds.  ational Bank	lephone Number	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which taintains funds.  ational Bank	lephone Number	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint I	Fundraising Representat	tive Leadership PAC Sponsor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY A	STATE A	ZIP CODE A
3.	Full Name	CITY A		
3. 9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank, FNB Banks PNB Banks P	CITY A  Tele  ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main	CITY   CITY   Tele  ries: List all banks or other depositories in which the intains funds.	STATE ▲ ephone Number	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY   CITY   Tele  ries: List all banks or other depositories in which the intains funds.  ank, Inc.	STATE ▲ ephone Number	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY   CITY   Tele  ries: List all banks or other depositories in which the intains funds.  ank, Inc.	STATE ▲ ephone Number	ZIP CODE A